

Kingfisher County Community Health Improvement Plan



December 14, 2015
Kingfisher County, Oklahoma

Revised August 13, 2020

Community Contributors

Cashion Emergency Management System

Cashion Police Department

Chisholm Trail Technology Center

City of Kingfisher

Community Health Improvement Organization (CHIO)

Compassion Clinic

Kingfisher County Board of Health

Kingfisher County Health Department

Kingfisher Fire Department

Kingfisher Police Department

Kingfisher Public Schools

Lomega Public Schools

Mercy Hospital Kingfisher

Northwest Area Health Education Center Rural Health Projects

Oklahoma Commission on Children and Youth

Oklahoma Department of Human Services

Oklahoma Department of Mental Health and Substance Abuse Services

Oklahoma Family Network

Oklahoma Health Care Authority

Oklahoma State Department of Health

Oklahoma State University Extension Office

PreventionWorkz

Red Rock Systems of Care

Smart Start Kingfisher County

SoonerSUCCESS

Students Working Against Tobacco (SWAT)

Tobacco Settlement Endowment Trust Healthy Living Program

Turning Point

Table of Contents

Introduction	4
Executive Summary	5
Demographics	6
MAPP Framework	7
Kingfisher County	9
Public Health Strategic Issues	
Issue One: Alcohol, Tobacco, and Other Drugs	10
Issue Two: Behavioral Health	13
Issue Three: Cardiovascular Health	16
Issue Four: Obesity	20
Issue Five: Teen Pregnancy	24
Summary	27
Priority Issues Workgroup Member Organizations	28
Annual Reports:	
First Annual Report	29
Second Annual Report	40
Third Annual Report	50
Fourth Annual Report	59
Supplemental One: COVID-19	68
Supplemental Two: Healthy Living Program 2.0 Grant	69
Supplemental Three: 2020 Wellness County Profile	70
Version History	71



Introduction

Kingfisher Community Collaboration, Inc. (KCC) was initially organized in 1997. It has worked to assist our schools and to improve communication among our communities' many area help agencies and organizations. KCC's role in the community is always evolving based on the culture and issues impacting the county. KCC has been successful in sustaining projects that have produced proven outcomes.

KCC used the Mobilizing for Action through Planning and Partnerships (MAPP) framework to develop this five-year Community Health Improvement Plan (CHIP).

Currently, according to the 2015 County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation, Kingfisher County ranks 1st out of the state's 77 counties in overall health outcomes. This has not lead KCC to "slow down" but has encouraged it to do more to maintain this healthy status.

KCC became a Certified Health Improvement Organization (CHIO), which gave KCC a grant opportunity from the University of Oklahoma Health Sciences Center to collaborate with primary care physicians to make preventive health care a necessary step in primary care.

KCC has also collaborated with Kingfisher physicians and faith based organizations to provide the Compassion Clinic to the residents of Kingfisher County and surrounding areas. This project provides medical care to people that are uninsured or underinsured. All costs are donated through churches, community events, or volunteerism.

Because KCC member and partners know that money and time can often be a reason for people to not take care of their own personal health, KCC has made it a mission to partner and offer programs and means of service to the community for FREE.

KCC is working to build healthy communities today for a healthy Kingfisher County tomorrow.

Executive Summary

In 2014, KCC conducted community health assessments to determine the health status of county residents. KCC used the MAPP framework as a guide. This process involved the following six phases:

1. Partnership Development / Organizing for Success
2. Visioning
3. Community Health Assessment consisting of four community-based assessments:
 - Community Themes and Strengths
 - Local Public Health System
 - Forces of Change
 - Community Health Status
4. Identify Strategic Issues
5. Develop Performance Objectives and Strategies
6. Action Cycle - Plan, Do, Check, Act

In May 2015, KCC began dedicating its regularly scheduled coalition meetings to fulfill identify strategic issues. The data was reviewed and 10 elements were identified as having particular importance to Kingfisher County:

- Alcohol abuse
- Cancer
- Cardiovascular health
- Diabetes
- Influenza / Pneumonia
- Obesity
- Teen pregnancy
- Tobacco
- Unintentional death
- Uninsured

Following further review and discussion of the 10 elements, five priority issues were chosen:

- Alcohol, Tobacco, and Other Drugs
- Behavioral Health
- Cardiovascular Health
- Obesity
- Teen Pregnancy

KCC developed performance objectives and strategies for addressing the five priority issues. The plan that follows is the final product of that process and provides the platform for our action cycle.

While this CHIP provides specific focus for five priority issues, KCC will not limit its activities to these issues alone. These issues were selected because KCC believes positive change in these areas will have the most significant impact on the health of the community. However, KCC recognizes that there are many other important factors that contribute to public health and will not fail to engage them when opportunity permits.

Demographics

2010 Demographics	Oklahoma	%	Kingfisher County	%
Total Population	3,751,351		15,034	
Age				
19 years and under	1,041,610	27.8	4,374	29.1
20 - 64 years	2,203,027	58.8	8,403	55.9
65+ years	506,714	13.4	2,257	15.0
Gender				
Male	1,856,977	49.5	7,434	49.4
Female	1,894,374	50.5	7,600	50.6
Race/Ethnicity				
White	2,706,845	72	12,707	84.5
Hispanic or Latino	332,007	9	2,022	13.4
African American	277,644	7	170	1.1
Asian	65,076	2	42	0.3
American Indian & Alaska Native	321,687	9	465	3.1
Native Hawaiian & Pacific Islander	4,369	<1	0	0.0
Other	154,409	4	1,176	7.8
Identified by two or more	221,321	6	474	3.2
Selected Economic Characteristics				
Mean household income (dollars)	65,977	X	62,818	X
Median household income (dollars)	49,937	X	53,466	X
Mean travel time to work (minutes)	27.0	X	21.7	X
Percent unemployed	6.6	X	3.9	X

2010 Census Bureau Report

The Framework: MAPP

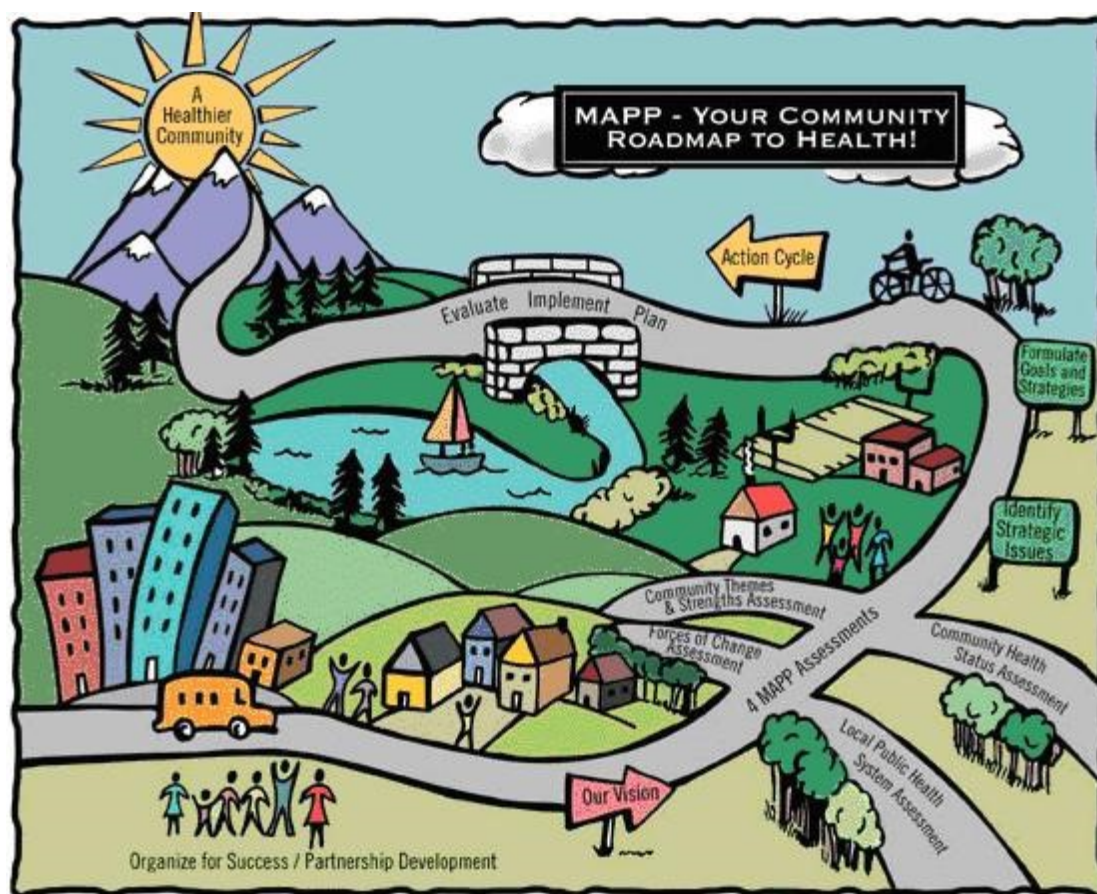
Mobilizing for Action through Planning & Partnerships



KCC used the MAPP process as a guide to conduct community-based health assessments from a variety of sources.

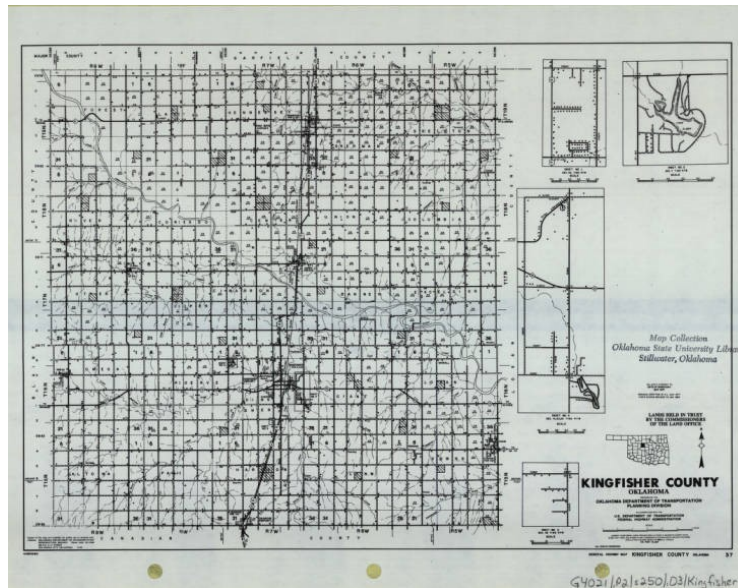
- **Partnership Development** - KCC was initially organized in 1997. It has worked to assist schools and improve communication among the many area help agencies and organizations. KCC's role in the community is always evolving based on the culture and issues impacting the county. KCC has been successful in sustaining projects that have demonstrated proven outcomes.
- **Four MAPP Assessments** - Starting in the fall of 2014, KCC conducted the four assessments: Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and Local Public Health System Assessment. The assessments were completed over a one year period.
- **Identifying Strategic Issues** - After reviewing the assessment data, 10 elements were identified for closer review and discussion. The 10 elements were: Alcohol Abuse, Cancer, Cardiovascular Health, Diabetes, Influenza / Pneumonia, Obesity, Teen Pregnancy, Tobacco, Unintentional Death, and Uninsured. Discussion about these issues also identified a cross-cutting issue of behavioral health.
- **Visioning** - This was completed in the CHIP planning meetings. Using various vision statements from participating community partners, the group discussed what a healthy Kingfisher County would look like. The discussion led to a consensus on a single vision statement for the strategic planning process.

- **Identify Strategic Issues** - From the 10 elements, the group selected five top priorities to include in the CHIP. They were: Alcohol, Tobacco and Other Drugs; Behavioral Health; Cardiovascular Health; Obesity; and Teen Pregnancy.
- **Develop Performance Objectives and Strategies** - Once the priorities were identified, KCC developed performance objectives and brainstormed strategies for addressing the five priority issues. KCC discussed goals and strategies at length for review, modification and approval.
- **Action Cycle** - With completion of the initial CHIP, the Action Cycle began. Workgroups met as necessary to continue planning, implementing, and evaluating. KCC worked to ensure that organizations, agencies, coalitions, and volunteer groups throughout the county were invited to join the ongoing efforts of improving the community's health.



Note: The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Center for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000.

Kingfisher County



Limited archaeological surveys may have discovered evidence of pre-contact peoples, including Paleo-Indian and Archaic (6,000 BC - 1 AD) groups that used the area for hunting and foraging. The historic Osage, Cheyenne, and Comanche tribes traversed the prairie grasslands of this area.

Before the county's creation, many routes of The Chisholm Trail crossed the area. A stage road which paralleled the trail had important stops at Dover Station, King Fisher Station and Baker Station.

The area was given to the Creek Nation by the federal government after their forced removal from Georgia. At the end of the American Civil War, the Creeks were forced to cede the land back to the federal government for siding with the Confederacy. It became part of the Unassigned Lands, and the area was opened to non-Indian settlement in the land run on April 22, 1889. Several towns, including Kingfisher, developed soon after the land run.¹

When Oklahoma Territory was created on May 2, 1890, this area was originally called County 5. At an August 5, 1890 election, the voters of County 5 overwhelmingly voted for the name "Kingfisher" over "Hennessey" and "Harrison." The origin of the name is unclear. The *Encyclopedia of Oklahoma History and Culture* mentions three different possibilities. The first is that the name memorialized a local rancher, David King Fisher. The second version is that King and Fisher were two different settlers whose names were combined for the county and town. The third explanation was that the name was for a rancher named John Fisher and for whom Uncle Johns Creek was named.²

1. Oklahoma Territory's First Land Run, okgenweb.org.

2. Everett, Kianna. "Kingfisher County." *Encyclopedia of Oklahoma History and Culture*. Oklahoma Historical Society, 2009.

Public Health Strategic Issues

Issue One

Alcohol, Tobacco, and Other Drugs

According to the US Department of Health and Human Services, the misuse and abuse of alcohol, over-the-counter medications, illicit drugs, and tobacco affect the health and wellbeing of millions of Americans. About two-thirds (66.6%) of people aged 12 or older reported in 2014 that they drank alcohol in the past 12 months, with 6.4% meeting criteria for an alcohol use disorder. Also among this age group, the use of illicit drugs has increased over the last decade from 8.3% of the population using in the past month in 2002 to 10.2% (27 million people) in 2014. Of these, 7.1 million met criteria for an illicit drug use disorder in the past year. The misuse of prescription drugs is second only to marijuana as the nation's most common drug problem after alcohol

and tobacco, leading to troubling increases in opioid overdoses in the past decade.

An estimated 25.2% (66.9 million) of Americans aged 12 or older were current users of a tobacco product. While tobacco use has declined since 2002 for the general population, this has not been the case for people with serious mental illness where tobacco use remains a major cause of morbidity and early death.³

In Oklahoma, smoking kills more people than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined.⁴ Each year, about 4,400 Oklahoma children become new daily smokers.⁵ Unintentional poisonings increased over the past decade 370% primarily due to prescription drugs. Adults aged 35-54 accounted for more than 50% of these deaths.^{6,7}

In Kingfisher County, the Community Themes and Strengths Assessment indicated that residents ranked alcohol abuse as the most important risk behavior in their



communities and drug abuse as the 3rd most important.

Community Commons reported an alcohol consumption rate of 19.70%, compared to the state at 13.90% and the nation at 16.94%, finishing in the “red” of this report's dashboard indicator. This indicator reports the percentage of adults aged 18 and older who self-reported heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women).

3. Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUG Series H-50). Retrieved from <http://www.samhsa.gov/data/>.
4. Centers for Disease Control and Prevention. State-Specific Smoking Attributable Mortality and Years of Potential Life Lost - United States, 2000-2004. January 22, 2009.
5. New underage daily smoker estimate based on data from U.S. Department of Health and Human Services (HHS), “Results from the 2010 National Survey on Drug Use and Health,” with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.
6. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Retrieved from <http://www.health.ok.gov/ok2share>.
7. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2005). Web-based injury Statistics Query and Reporting System (WISQARS). Available from <http://www.cdc.gov/ncipc/wisqars>.

Alcohol, Tobacco, and Other Drugs

Objectives:

- By 2020, decrease percentage of adults reporting binge or heavy drinking from 19% to 14%. (As reported by the County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation)
- By 2020, decrease rate of adult smoking prevalence from 19.6% to 14%. (As reported by the Oklahoma State Department of Health). Kingfisher County ranked among the top 10 (best) for adult smoking rate.
- By 2020, decrease rate of high school sophomores obtaining prescription drugs from family/relatives from 25.0% to 15.0%. (As reported by the Oklahoma Data Query System)

Strategy 1: Decrease alcohol consumption

- Partner with law enforcement to conduct compliance checks to decrease the sales of alcohol to those under 21 (*Healthy People 2020 Alcohol Use*)
- Increase number of convenience store staff that participate in Responsible Beverage Service and Sales (RBSS) training (*Healthy People 2020 Alcohol Use*)
- Educate parents, youth, and the community on effects of underage drinking via school newsletters, parent-teacher meetings, social media, newspapers, etc. (*OSDH Strategic Map: B2*)

Strategy 2: Decrease tobacco use

- Partner with law enforcement to conduct compliance checks for selling tobacco to minors
- Increase number of schools, communities, and businesses that adopt and implement tobacco free 24/7 policies, including the use of e-cigarettes (*OSDH Strategic Map: B5*)
- Promote Tobacco Helpline and increase fax referrals from health providers (*OSDH Strategic Map: A2 and A4*)

Strategy 3: Decrease abuse and access to prescription drugs

- Partner with local pharmacies and physicians to educate youth on prescription drug use
- Promote the prescription drug drop box locations throughout the county

Strategy 4: Cross-cutting efforts

- Increase the number of Certified Healthy Oklahoma Programs (*Healthy People 2020 Tobacco Use, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Tobacco Use*)
- Increase number of schools participating in the Prevention Needs Assessment Survey by the Oklahoma Department of Mental Health and Substance Abuse Services. Educate them on how important survey data is to substance abuse prevention
- Increase parent education on ways to keep youth from starting use of alcohol, tobacco and/or other drugs

Activities for this strategic issue include, but are not limited to:

- ◆ Educate parents, youth and community on effects of underage drinking and drug use via school newsletters, PTG meetings, social media, newspapers, etc.
- ◆ Partner with schools to offer parent education nights/forums by incentivizing with class points, free tardy pass, etc.
- ◆ Create parent groups on social media to increase education and awareness of such issues
- ◆ Explore the use of “Remind 101” app to utilize with parent groups for education purposes
- ◆ Offer resources and education via school fairs, health fairs, county fairs, and other public events

Lead Organization(s):

PreventionWorkz

Kingfisher County Health Department

Red Rock BHS Prevention Programs

TSET Healthy Living Program

Policy Changes Needed:

Certified Healthy Oklahoma certification for businesses, campuses, communities, congregations, early childhood programs, restaurants, and schools that are committed to supporting healthy choices through environmental and policy change. This includes clean indoor air and tobacco free policies.

Restore Local Control through the Oklahoma Legislature.

Resources:

TSET Healthy Living Program

Youth Action Teams

Oklahoma Department of Mental Health and Substance Abuse Services

Barriers:

Lack of baseline data

Culture

Behavioral Health

According to the U.S. Department of Health and Human Services:

- Depression is the 3rd most common reason for a visit to a health center.
- Suicide is a major public health issue; there is one suicide every 15 minutes.
- Children and youth who are bullied are more likely to be depressed, lonely, anxious, and have low self esteem and think about suicide.
- About one in four adults suffer from a mental disorder in a given year.
- Visits to emergency rooms involving misuse of prescription drugs have doubled in the last five years.

While KCC discussed the 10 elements identified by the Community Health Assessment, it further identified behavioral health as an issue. A number of measures and recent community activity reinforced the decision to select behavioral health as a priority.

The Community Themes and Strengths Assessment indicated residents ranked mental health problems as the 4th most important

health problem in the county.

The State of the State's Health Report indicated a rate of poor mental health days at 20.4%, receiving a grade of "B." It indicated the suicide rate was too low to report. This was supported by other findings in the Community Health Assessment. However, KCC reported that recent suicide activity had increased throughout the county and likely had not been captured by the most recent data.

The County Health Rankings & Roadmaps reported a ratio of population to mental health providers of 1,895:1. This was not identified as an "area to explore" but still did not compare well to the state at 438:1 and the 90th percentile of US performers at 536:1. This indicated a lack of access to behavioral health resources.

Community Commons reported an alcohol consumption rate of 19.70%, compared to the state at 13.90% and the nation at 16.94%, finishing in the "red" of this report's dashboard indicator. Though this indicator has been discussed in Issue One, it is relevant to this Issue because alcohol consumption may illustrate a cause of untreated mental and behavioral



health needs.

The Community Health Status Indicators provided by CDC indicated three social factors in the moderate, or "yellow" range of its at-a-glance indicator scale. They were: children in single-parent households (23.1%),⁸ high housing costs (21.8%),⁹ and no high school diploma (15.3%).¹⁰ Deficiencies in all three factors can contribute to emotional or behavioral difficulties. All other factors finished in the better, or "green" range of the scale, and no factors finished in the worse, or "red" range.

8. Blackwell DL. Family structure and children's health in the United States: Findings from the National Health Interview Survey, 2001-2007. National Center for Health Statistics. Vital Health Stat 10(246). 2010. Available at http://www.cdc.gov/nchs/data/series/sr10/sr10_246.pdf.

9. L. Freeman. America's affordable housing crisis: a contract unfulfilled. Am J Public Health, 92(2002), pp. 709-712. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447149/>.

10. National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. Available at <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>.

Behavioral Health

Objectives:

- By 2020, decrease number of poor mental health days for adults from 4+ days per month to 2 days per month, or from 20.4% to 10.2%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data) **12/12/2018 REPLACED WITH THE FOLLOWING:**
- By 2020, decrease percentage of residents reporting at least 14 days of poor mental health in the past 30 days from 12.9% to 11.2%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data. Baseline and objective are state and national values from 2013)
- By 2020, decrease percentage of adults aged 18 and older who self-report insufficient social and emotional support all or most of the time from 13.80% to 7.0% as reported by Community Commons (June 12, 2014). This is relevant because social and emotional support is critical for navigating the challenges of daily life and for good mental health.

Strategy 1: Eliminate behavioral health stigma

- Eliminate stigma of behavioral health through coordinated messaging presented at every possible opportunity at community events and through standard and social media

Strategy 2: Increase education *(OSDH Strategic Map: F)*

- Increase public awareness of resources offered in the county
- Increase public awareness of the support groups offered in the county
- Decrease the incidence of suicide attempts and deaths
- Educate professionals on issues of behavioral health
- Educate primary care doctors on referrals to behavioral health professionals
- Educate on the importance of taking medications continually

Strategy 3: Increase resources

- Improve ratio of mental health providers as reported by the Robert Wood Johnson Foundation County Health Rankings & Roadmaps *(Healthy People 2020 Mental Health and Mental Disorders, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants)*
- Decrease rat of no insurance coverage as reported by the Oklahoma State Department of Health's CDC BRFSS Data. A lack of healthcare coverage is a barrier to accessing medical care. Individuals without health insurance are less likely to receive preventive care and are more likely to delay treatment.¹¹ *(Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants)*
- Increase number of providers who accept private pay.

11. Kaiser Commission on Medicaid and the Uninsured. Sicker and Poorer: The Consequences of Being Uninsured. Menlo Park, CA: The Henry J. Kaiser Family Foundation. May 2002. Available at <http://www.kff.org/uninsured/upload/Full-Report.pdf>.

Strategy 4: Counseling services

- Increase regular support groups that provide support for grief, divorce, suicide, and other specific behavioral health issues
- Increase the use of Mercy Hospital Kingfisher's Tele-Med as a behavioral health resource

Lead Organization(s): Mercy Hospital Kingfisher
Red Rock
Children's Behavioral Health
Sooner SUCCESS
NAMI

Policy Changes Needed: None

Resources: Red Rock Youth Care

Barriers: Need counseling services, both inpatient and outpatient
Funding

Cardiovascular Health

According to the CDC, heart disease continues to be the leading cause of death in the United States.

According to the Oklahoma State Department of Health's Chronic Disease Service, Oklahoma had the 3rd highest death rate for heart disease and the 4th highest death rate for stroke in the nation in 2010.

High blood pressure, high cholesterol, smoking, physical inactivity, obesity, poor diet, and diabetes are the leading causes of cardiovascular disease.

The Community Themes and Strengths Assessment indicated that residents ranked heart disease and stroke as the 2nd most important risk behavior in their communities. Diabetes, a significant contributor, was ranked 3rd. Among the most important risk behaviors identified were: being overweight (2nd), poor eating habits (tied for 4th), tobacco use (tied for 4th), and lack of exercise (6th). All of these are contributing factors to cardiovascular disease.

According to the State of the State's Health Report, heart disease was the leading cause of death with a rate of 254.3 per 100,000, compared to the state at 235.2 and the nation at 179.1, receiving a grade of "F." However, the rate of stroke was 32.2 per 100,000, compared to the state at 50.0 and the nation at 39.1, receiving a grade of "B."



Nearly two-thirds of Oklahomans are classified as obese or overweight. The state consistently ranks low for fruit and vegetable consumption and physical activity. Both contribute to cardiovascular disease. According to the State of the State's Health Report, Kingfisher County exhibits the following:

- Obesity rate of 32.3% ("D")
- Minimal fruit consumption is 50.4% ("F")
- Minimal vegetable consumption is 26.2% ("D")
- No physical activity rate of 28.8% ("D")

Though tobacco use is included in Issue One, it is also a significant contributor to cardiovascular disease. The State of the State's Health Report indicated an adult smoking prevalence of 19.6%, compared to the state at 23.3% and the nation at 19.6%, receiving a grade of "C." Though this is the 4th lowest

percentage of adult smokers in the state, it still represents a significant level of tobacco use and, therefore, a significant contributor to the high rate of heart disease.

According to the State of the State's Health Report, diabetes was a leading cause of death with a rate of 23.5 per 100,000, compared to the state at 26.9 and the nation at 20.8, receiving a grade of "D." The rate of diabetes prevalence was 11.2%, compared to the state at 11.5% and the nation at 9.7%, receiving a grade of "D."

Other reports in the Community Health Assessment (i.e., State of the County's Health Report, County Health Rankings & Roadmaps, Community Commons) reported a number of indicators that supported the importance of selecting cardiovascular health as a significant issue in Kingfisher County.

Cardiovascular Health

Objectives:

- By 2020, decrease rate of heart disease mortality from 257.6 per 100,000 to 179.1. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)
- By 2020, decrease rate of cerebrovascular disease (stroke) mortality from 43.7 per 100,000 to 28.0. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Strategy 1: Access to Care

- Increase rate of usual source of care. People with one or more personal health care providers are more likely to receive routine preventive health care services.¹² (*Healthy People 2020 Objective and Leading Health Indicator, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants, OSDH Strategic Map: C1*)
- Decrease rate of no insurance coverage. Lack of healthcare coverage is a barrier to accessing medical care. Individuals without health insurance are less likely to receive preventive care and are more likely to delay treatment.¹³ (*Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants*)
- Decrease ratio for primary care physicians. While high rates of specialist physicians have been shown to be associated with higher, perhaps unnecessary utilization, sufficient availability of primary care physicians is essential for preventive and primary care and, when needed, referrals to appropriate specialty care.^{14,15} (*Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants*)

Strategy 2: Education

- Offer at least one presentation every year to identified schools, churches, senior citizens, and civic organizations on the topic of cardiovascular health, heart disease, and stroke. This will include recognition of signs and symptoms and emergency response techniques and strategies. (*Healthy People 2020 Heart Disease and Stroke, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Health Transformation, OSDH Strategic Map: F*)
- Offer at least one presentation every year to identified church, senior citizen, and civic organizations on the importance of establishing a medical health home and the effect it has on cardiovascular health in particular and overall health in general. (*Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants, OSDH Strategic Map: F*)
- Offer at least one presentation every year to county hospitals and clinics on the importance of preventative care and value-based pay. (*Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants, OSDH Strategic Map: F*)
- Teach CPR, first aid, and AED classes that include training on the recognition of signs and symptoms of heart attack and stroke and on providing first responder care. (*OSDH Strategic Map: F*)

12. Corbie-Smith G, Flagg EW, Doyle JP, and O'Brien MA. (2002). Influence of usual source of care on differences by race/ethnicity in receipt of preventive services. *Journal of General Internal Medicine*. 17:458-464.
13. Kaiser Commission on Medicaid and the Uninsured. Sicker and Poorer: The Consequences of Being Uninsured. Menlo Park, CA: The Henry J. Kaiser Family Foundation. May 2002. Available at <http://www.kff.org/uninsured/upload/Full-Report.pdf>.
14. Steinbrook R. Easing the shortage in adult primary care -- Is it all about money? *N Engl J Med*. 2009;360:2696-2699.
15. Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. *Health Aff*. April 7, 2004;w4. 184-197.

- Participate at every opportunity at community and school health fairs and community service events to teach stroke symptom recognition. *(OSDH Strategic Map: F)*
- Assist community partners, such as Mercy Hospital Kingfisher, publicize their telemedicine services for treating cardiovascular diseases (ex., Telestroke). *(OSDH Strategic Map: C1)*
- Promote Mercy's exercising programs and support groups.
- Provide education classes to senior citizens. *(OSDH Strategic Map: F)*

Strategy 3: Policies and Incentives

- Facilitate the increase in number of Certified Healthy Oklahoma Programs. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Call to Action, OSDH Strategic Map: B3)*

The Certified Healthy Oklahoma Program is a free, voluntary statewide certification. The certification showcases businesses, campuses, communities, congregations, early childhood programs, restaurants, and schools that are committed to supporting healthy choices through environmental and policy changes. These entities are working to improve the health of Oklahomans by implementing elements, policies, and programs that will help Oklahomans eat better, move more, and be tobacco free.

Strategy 4: Physical Activity and Nutrition

- The Kingfisher County Health Department is promoting physical activity in public schools, businesses, and communities through a partnership with the Oklahoma Tobacco Settlement Endowment Trust (TSET). *(Healthy People 2020 Physical Activity, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Call to Action, OSDH Strategic Map: B4)*
- The Kingfisher County Health Department is partnering with TSET to develop strategies that make fruits and vegetables more accessible and affordable within schools, worksites, and communities. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: B4)*
- Encourage making fruits and vegetables, and other healthy foods and beverages more available in worksite snack bars, cafeterias, and vending machines. *Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: B4)*
- Facilitate the offering of free and/or low cost classes for physical activity, nutrition, health education, and other related topics. *(OSDH Strategic Map: F)*

Lead Organization: Kingfisher County Health Department
 Mercy Hospital Kingfisher
 OSU Extension Office

Policy Changes Needed:	<p>Certified Healthy Oklahoma certification for businesses, campuses, communities, congregations, early childhood programs, restaurants, and schools that are committed to supporting healthy choices through environmental and policy changes.</p> <p>Physical education required in public schools to encourage physical activity and nutrition at an early age so that it may carry through to adulthood.</p>
Resources:	<p>Healthy Living Program, grant funded by the Tobacco Settlement Endowment Trust, administered by the Kingfisher County Health Department</p> <p>Mercy Hospital Telestroke</p> <p>Oklahoma Health Care Authority</p> <p>Kingfisher County Health Department CPR/First Aid training courses</p> <p>OSU Extension Office</p>
Barriers:	<p>Lack of knowledge and resources</p> <p>Culture</p> <p>Money</p> <p>No physical education requirement in public schools</p>

Obesity

According to the CDC, obesity is common, serious and costly. In 2009-2010, more than a third of U.S. adults (35.7%) were obese. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 dollars; the medical costs for people who were obese was \$1,429 higher than those of normal weight.¹⁶ In Oklahoma, the estimated medical cost of obesity in 2014 was \$1.72 billion.

According to the State of the State's Health Report, Oklahoma had the 6th highest obesity rate in the nation.¹⁷ It increased from one in seven adults in 1995 to one in three in 2010.

Obesity is associated with increased early mortality. Excess weight increases the risk of developing chronic disease such as heart disease, stroke, diabetes, and some cancers.¹⁸

As a person's Body Mass Index (BMI) increases, so does the number of sick days, medical claims, and health care costs.¹⁹

In 2013, 12% of Oklahoma youth

were obese and 15% were overweight.²⁰ Only 37% of high school students had a physical education class at least once per week, and only 31% had daily physical education.²¹ Obesity can increase a child's risk for a range of health problems and negatively impact his/her mental health and school performance.^{22,23}

The State of the State's Health Report indicated an obesity rate for Kingfisher County of 32.3%, compared to the state at 32.2% and the nation at 27.3%, receiving a grade of "D." The report also indicated rates for the following contributing risk factors and behaviors: minimal fruit consumption - 50.4% ("F"), minimal vegetable consumption - 26.2% ("D"), and no physical activity - 28.8% ("D"). Other public health reports indicated similar statistics (ex., Robert Wood Johnson County Health Rankings & Roadmaps,



Community Commons, CDC Community Health Status Indicators, etc.).

Kingfisher County residents appear to be aware of this significant issue. Within the Community Health Assessment, the community identified "being overweight," "poor eating habits," and "lack of exercise" among its most important risk behaviors.

16. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Available at www.cdc.gov/obesity/data/adult.html.
17. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.
18. Galuska, D.A. and Dietz, W.H. (2010). Obesity and Overweight. In Remington, P., Brownson, R., and Wegner, M. Chronic Disease Epidemiology and Control (pp. 269-290). Washington, DC: American Public Health Association.
19. The Robert Wood Johnson Foundation, the American Stroke Association, and the American Heart Association. A Nation at Risk: Obesity in the United States, a Statistical Sourcebook. Dallas, TX: American Heart Association, 2005.
20. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information. Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
21. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance - United States 2010. MMWR Surveillance Summaries 59, no.SS05 (2010).
22. W.H. Dietz. Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease. Pediatrics 101, no 3 (1998): 518-525.
23. A. Datar and R. Strum. Childhood Overweight and Elementary School Outcomes. International Journal of Obesity 30, (2006): 1449-1460.

Obesity

Objectives:

- By 2020, decrease adult obesity rate from 32.3% to 27%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data).
- By 2020, decrease rate of reported minimal fruit consumption (<1/day) from 50.4% to 37.7% (U.S. rate in 2014 State of the State's Health Report). (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2020, decrease rate of reported minimal vegetable consumption (<1/day) from 26.2% to 22.6% (U.S. rate in 2014 State of the State's Health Report). (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2020, decrease rate of diabetes prevalence from 11.2% to 8%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2020, decrease rate of reported "no physical activity" from 28.8% (U.S. rate in 2014 State of the State's Health Report). (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)

Strategy 1: Education

- Offer at least one presentation annually to identified church, senior citizen, parent, and civic organizations about the effects of obesity and benefits of weight reduction and management.

Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity)

Activities for this strategic issue include, but are not limited to:

- ◆ Promote nutrition classes offered through community partners such as OSU Extension Office.
- ◆ Continue to make "Farm to You" available to youth in the community and schools.
- ◆ Continue to offer physical activity education to youth via Organ Wise Guys, 8th Grade Health Conferences, demonstrations, presentations, and other opportunities as identified.
- ◆ Provide healthy recipe cards to those who get food from local food pantries.
- ◆ Partner with community organizations to plan and implement obesity education presentation.

Strategy 2: Awareness

- Create a community awareness plan to empower residents about "making the healthy choice the easy choice." Plan will address increasing awareness and use of trail systems, available physical activities, and resources such as Bountiful Baskets. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: B4)*

Strategy 3: Nutrition

- Improve nutritional profile of healthy foods available to Kingfisher County residents. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity)*

Activities for this strategic issue include, but are not limited to:

- ◆ Partner with grocery stores to provide fruit/vegetable taste testing and lower cost produce.
- ◆ Increase number of convenience stores offering fresh fruits and vegetables.
- ◆ Increase use of Regional Food Bank's Backpack Program and food pantry program.
- ◆ Increase number of community and school gardens.
- ◆ Establish a farmers' market that accepts WIC and SNAP and maximizes vendor participation.

Strategy 4: Physical Activity

- Increase access to safe and affordable physical activity opportunities. (*Healthy People 2020 Nutrition and Weight Status and Physical Activity, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: G*)
- Increase number of schools that use Coordinated Approach to Child Health (CATCH) program from zero (0) to two (2). CATCH promotes physical activity and healthy food choices in preschool through middle school aged children and their families. Over 120 peer reviewed scientific publications support the effectiveness of CATCH in increasing physical activity and healthy eating^{24,25} and reducing overweight and obesity.^{26,27,28} (*Healthy People 2020 Nutrition and Weight Status and Physical Activity, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: F*)

Activities for this strategic issue include, but are not limited to:

- ◆ Seek funding to complete Kingfisher walking trails, add lighting, and begin construction of walking trails in other municipalities.
- ◆ Increase number of schools implementing Walking School Buses and participating in the International Walk/Bike to School Day.
- ◆ Organize walking/biking clubs in each municipality.
- ◆ Increase number of schools that participate in the healthy lifestyles program.
- ◆ Increase number of schools that apply and implement the "Fuel Up To Play 60" grant.
- ◆ Partner to host free physical activity events (ex., Turkey Trot, Color Run, 5Ks).
- ◆ Support new playground plan by AMBUCS to provide safe play for children with disabilities.
- ◆ Host an annual bicycle rodeo to educate and encourage bicycle use and safety.
- ◆ Increase number of municipalities requiring housing developments to have sidewalks.

24. Luepker RV, Perry CL, McKinlay SM, et al. Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). *J Am Med Assoc.* 1996; 275:768-776.
25. Nader P, Stone EJ, Lytle LA, et al. Three year maintenance of improved diet and physical activity: the CATCH cohort. *Arch Pediatr Adolesc Med.* 1999;153(7):695-704.
26. Coleman KJ, Tiller CL, Sanchez MA, et al. Prevention of the epidemic increase in child risk of overweight in low-income schools: the El Paso coordinated approach to child health. *Arch Pediatr Adolesc Med.* 2005;159:217-222.
27. Hoelscher DM, Kelder SH, Perez A, et al. Changes in the regional prevalence of child obesity in 4th, 8th, and 11th grade students in Texas from 2000 - 2002 to 2004 - 2005. *Obesity.* 2010;18(7):1360-1368.
28. Hoelscher DM, Springer AE, Ranjit N, et al. Reductions in child obesity among disadvantaged school children with community involvement: the Travis County CATCH Trial. *Obesity.* 2010;18(S1):S36-44.

Strategy 5: Policies and Incentives

- Increase the number of Certified Healthy Oklahoma Programs from 16 to 40. (*Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Call to Action, OSDH Strategic Map: B3*)

The Certified Healthy Oklahoma Program is a free, voluntary statewide certification. The certification showcases businesses, campuses, communities, congregations, early childhood programs, restaurants, and schools that are committed to supporting healthy choices through environmental and policy change. These entities are working to improve the health of Oklahomans by implementing elements, policies, and programs that will help Oklahomans eat better, move more, and be tobacco free.

Activities for this strategic issue include, but are not limited to:

- ◆ Encourage local businesses, communities, restaurants, child cares, and congregations to apply for and achieve Certified Healthy Oklahoma recognition.
- ◆ Encourage local campuses and schools to reapply and achieve a higher level of Certified Healthy Oklahoma recognition.
- ◆ Provide technical assistance to organizations regarding policy/ordinance development and implementation, specifically for policies/ordinances required for Certified Healthy Oklahoma recognition.

Lead Organization(s): Kingfisher County Health Department
Mercy Hospital Kingfisher County
OSU Extension Office
Kingfisher Trails
TSET Healthy Living Program

Policy Changes Needed: Environmental and policy changes required to qualify for Certified Healthy Oklahoma status
Complete Streets approach for city planning

Resources: Tobacco Settlement Endowment Trust Wellness Grant
Certified Healthy Oklahoma Program
Oklahoma Department of Transportation

Barriers: Infrastructure funding

Teen Pregnancy

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. In 2011, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers. Effects of teen pregnancy remain for the teen mother and her child even after adjusting for those factors that increased the teenager's risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.²⁹

Compared with their peers who delay childbearing, teen mothers are less likely to finish high school (only one-third receive a high school diploma and only 1.5% have a college degree by age 30), more likely to live in poverty as adults, and more likely to rely on public assistance.³⁰

According to the State of the State's Health Report, Oklahoma had one of the worst state teen birth rates in

the nation. Sixty-nine of Oklahoma's 77 counties had a teen birthrate higher than the national average.

For Kingfisher County, the State of the State's Health Report indicated a teen fertility rate of 19.7 per 1,000, compared to the state at 22.9 and the nation at 15.4, receiving a grade of "D." This was an improvement from the rate reported in 2011 of 20.4, but still well above the national average. In comparison, New Hampshire had the best teen fertility rate at 5.4.

The State of the County's Health Report indicated a teen birth rate of 46.4 per 1,000 females ages 15 to 19 years. This was 11.1% lower than the state rate of 52.2,³¹ but 17.2% higher than the rate reported in the previous County Health Report.³²

The Community Health Status Indicators (CHSI) by the CDC indicated a teen birth rate of 48.4 per 1,000 females ages 15 to 19 years. This finished in the moderate, or "yellow" range of the report's at-a-glance indicator scale.

The County Health Rankings & Roadmaps reported a teen birth rate of 46 per 1,000 females ages 15 to 19 years. Although this is very similar to findings reported above, the report



did not identify this indicator as an area to explore. The Community Health Needs Assessment also reported that Kingfisher County's teen birth rate was in the "green" on its dashboard indicator.

Despite the varied interpretations of the findings, the Community Themes and Strengths Assessment indicated that residents identified teenage pregnancy as a significant health problem in their communities.

29. Centers for Disease Control and Prevention, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Available at <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm#The Importance of Prevention>.

30. Holcombe, E., Peterson, K., & Manlove, J. (March 2009). Research Brief: Ten Reasons to Still Keep the Focus on Teen Childbearing. Washington, DC: Childtrends.

31. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Birth Statistics, - Final. www.health.ok.gov/ok2share.

32. Oklahoma State Department of Health, Community Health, Community Epidemiology, 2010 County Health Report. <http://www.ok.gov/health>.

Teen Pregnancy

Objectives:

- By 2020, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)
- By 2020, increase rate of first trimester prenatal care from 76.4% to 80%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics) Kingfisher County ranked among the top 10 (best) for mothers seeking first trimester care.
- Through 2020, approach each school system annually and offer to provide abstinence/safer sex education presentations using evidence based curricula.
- Through 2020, approach school system parent-teacher organizations annually and offer to provide an overview of the abstinence/safer sex education presentations using evidence based curricula. Additional concepts to cover may include, but not be limited to: talking to youth about pregnancy prevention and safer sex; resources available to youth for pregnancy prevention; importance of parental involvement in the lives of their youth; etc.

Strategy 1: Education

- Provide abstinence/safer sex education presentations to 8th grade county health fair. *(Healthy People 2020 Family Planning, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Children's Health, OSDH Strategic Map: F)*

Strategy 2: Awareness

- Offer at least one presentation annually to identified church, parent, school, and civic organizations on the importance of sex education to youth. Concepts may include, but not be limited to: need to provide abstinence/safer sex education at a younger age (5th and 6th grade); pregnancy prevention resources available at Kingfisher County Health Department to schools, parents, and communities; decreasing stigma associated with using health department pregnancy prevention resources; increasing awareness of other sources of pregnancy prevention methods available through private physicians and private insurance providers; etc. *(Healthy People 2020 Family Planning, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Children's Health, OSDH Strategic Map: F)*
- Increase awareness to private physicians about prevention methods available to the community.
- Ask physicians to educate their patients on methods of pregnancy prevention and safer sex.
- Provide culturally sensitive resources that promote safer sex and pregnancy prevention.

Lead Organizations:	Kingfisher County Health Department Physicians
Policy Changes Needed:	None
Resources:	Kingfisher County Health Department Children First Program Sexual health curricula (Making Proud Choices, Making a Difference, The Best Choice) 8th Grade Health Conference
Barriers:	Stigma attached to sex education

Summary

As KCC moves forward into implementation of this CHIP, it is important to remember that this is a very fluid and dynamic process. All phases of the MAPP process may need to be revisited at any time due to unforeseen circumstances and developments. This is to be expected. Though we strive to be as deliberative as possible in the strategic planning process, there is no doubt that there will be obstacles and opportunities yet to be discovered. KCC will formally review this plan annually to assess its effectiveness and make necessary modifications. The committees/teams created to attend to each of the five strategic issues will constantly evaluate progress as they work to implement strategies.

KCC has learned over the years that improving health outcomes takes time and effort. However, it has also seen that improved health outcomes do eventually come. This is demonstrated by such things as:

- Lowest (best) rate of deaths due to Alzheimer’s disease in the state, 64% lower than the national rate.
- Lower adult asthma prevalence rate (8.1%) than most of the other counties, 9% lower than the national rate.
- Ranked among the top 10 (best) for a variety of health indicators including adults with a usual source of care, adult smokers, mothers seeking first trimester care, low birth weight rates, and seniors influenza vaccinations.
- At 19.6%, Kingfisher County had the 4th lowest percentage of adult smokers in the state.
- Approximately 1 in 8 people lived in poverty (12%); the 3rd lowest rate in the state and 34% lower than the state rate.
- The rate of uninsured adults improved 18%.
- The rate of adult smokers declined 11%.
- 2015 County Health Rankings & Roadmaps ranked Kingfisher County as first in the state in health outcomes.

With the experience and knowledge of these successes, KCC will continue to apply itself to improving the health of its citizens. KCC understands that this is a battle that never ends, that there will always be room for improvement no matter how much ground we gain, and that the “public health” battle is one worth fighting on behalf of all of our communities.

Priority Issues Workgroup

Member Organizations

Alcohol, Tobacco, and Other Drugs

- PreventionWorkz
- Kingfisher County Health Department
- TSET Healthy Living Program
- Red Rock
- Oklahoma Family Network

Behavioral Health

- Red Rock
- Sooner SUCCESS
- Mercy Hospital Kingfisher
- NAMI
- Oklahoma Family Network
- Children's Behavioral Health Network

Cardiovascular Health

- Mercy Hospital Kingfisher
- Kingfisher County Health Department
- Oklahoma Health Care Authority
- TSET Healthy Living Program

Obesity

- Kingfisher County Health Department
- Mercy Hospital Kingfisher
- OSU Extension Office
- Kingfisher Trails
- TSET Healthy Living Program

Teen Pregnancy

- Kingfisher County Health Department
- Physicians
- Sooner SUCCESS
- OSU Extension Office
- KCC 8th Grade Health Conference

First Annual Report

Issue One

Alcohol, Tobacco, and Other Drugs

Objectives:

- **By 2020, decrease percentage of adults reporting binge or heavy drinking from 19% to 14%. (As reported by the County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation)**

According to 2016 source data, the rate of adults reporting binge or heavy drinking was 15%. This compared favorably to the state rate of 14% and the Top U.S. Performers (10th/90th percentile) of 12%. However, the report indicated that “Data should not be compared with prior years due to changes in definition/methods.” The report identified this indicator as an area to explore.

The Community Health Needs Assessment Report indicated an alcohol consumption rate of 20.6%, finishing in the “red” on this report’s dashboard indicator.

Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

[Download Data](#)

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Kingfisher County, OK	11,011	2,081	18.9%	20.6%
Oklahoma	2,793,624	368,758	13.2%	13.9%
United States	232,556,016	38,248,349	16.4%	16.9%

Estimated Adults Drinking Excessively (Age-Adjusted Percentage)

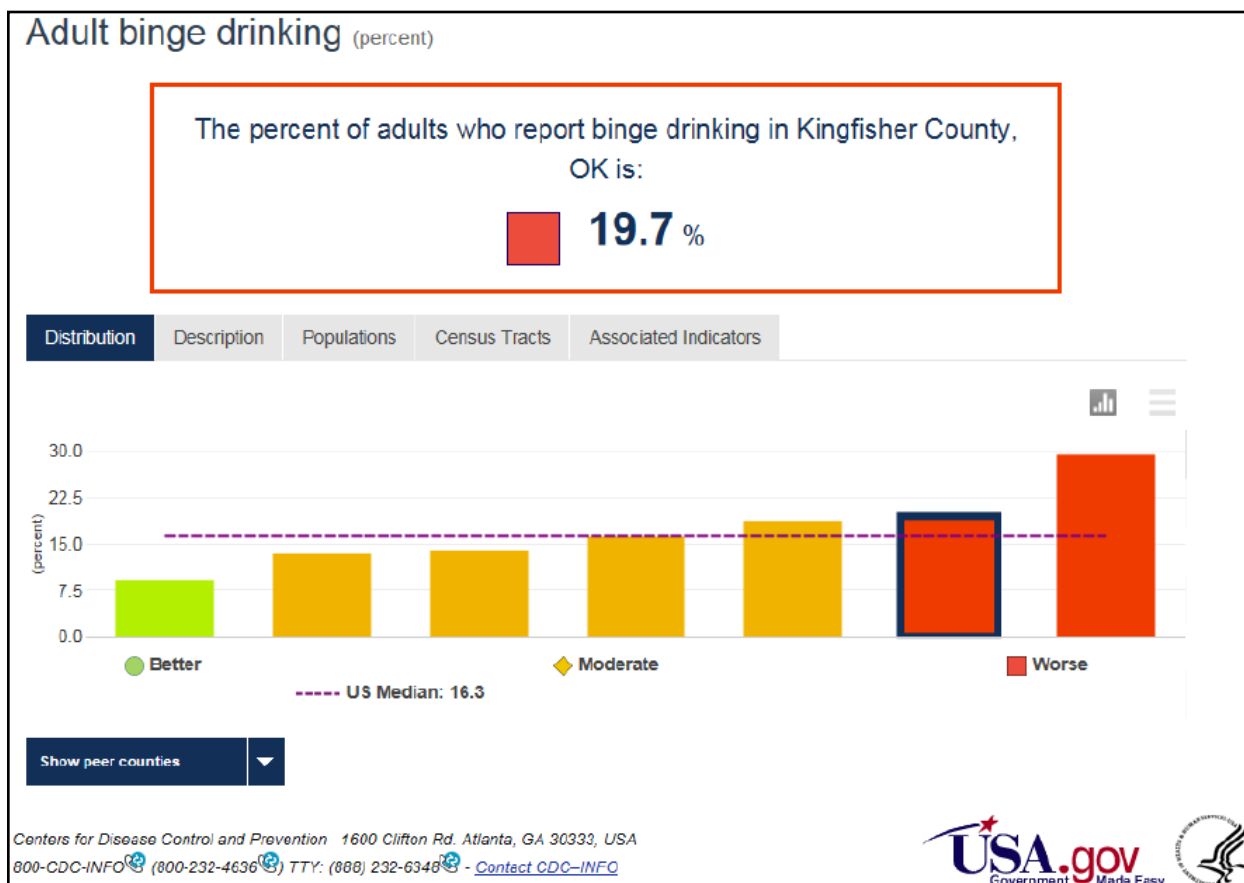


■ Kingfisher County, OK (20.6%)
■ Oklahoma (13.9%)
■ United States (16.9%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#), 2006-12. Source geography: County

CDC Community Health Status Indicators reported the rate of adults who reported binge drinking at 19.7%. This placed Kingfisher County in the Worse, or least favorable quartile of the report’s dashboard indicator.



- By 2020, decrease rate of current smoking prevalence from 19.6% to 14%. (As reported by the Oklahoma State Department of Health) Kingfisher County ranked among the top 10 (best) for adult smoking rate.

According to source data provided by the OSDH Office of Community Epidemiology and Evaluation, Kingfisher County's rate of current smoking prevalence was 17.8%. This was an approximate 9% improvement.

The Community Health Needs Assessment Report indicated a tobacco consumption rate of 20.9%, finishing in the "green" on the report's dashboard indicator.

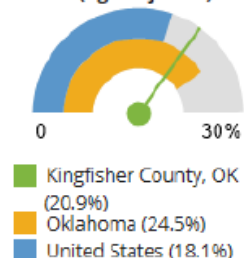
Tobacco Usage - Current Smokers

In the report area an estimated 2,136, or 19.4% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

[Download Data](#)

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Kingfisher County, OK	11,011	2,136	19.4%	20.9%
Oklahoma	2,793,624	673,263	24.1%	24.5%
United States	232,556,016	41,491,223	17.8%	18.1%

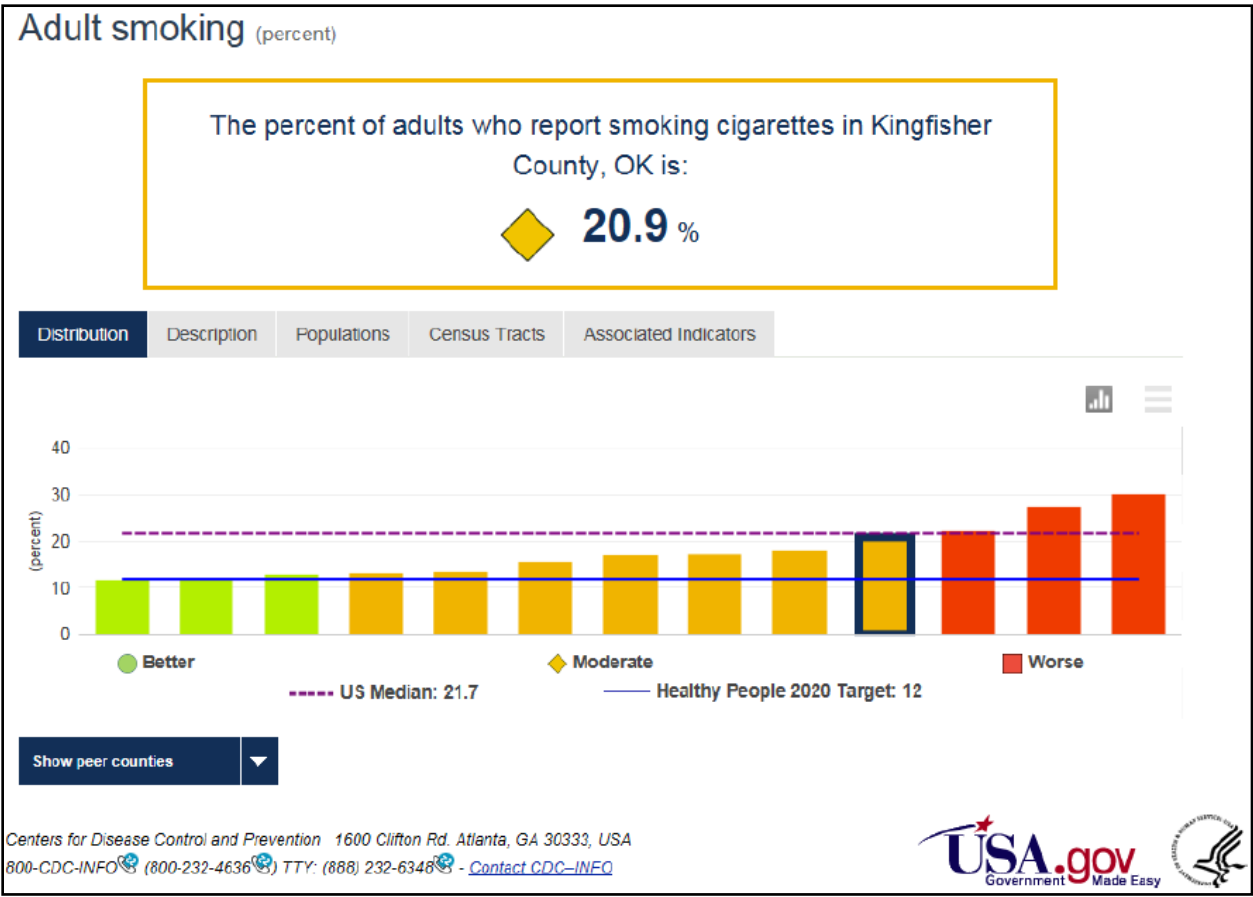
Percent Population Smoking Cigarettes (Age-Adjusted)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#), 2006-12. Source geography: County

The CDC Community Health Status Indictors also reported an adult smoking rate of 20.9%. This placed in the Moderate, or middle two quartiles of the report’s dashboard indicator.



- By 2020, decrease rate of high school sophomores who obtain prescription drugs from family/relatives from 25.0% to 15.0%. (As reported by the Oklahoma Data Query System)

At the time of this report, updated source data was not available.

Behavioral Health

Objectives:

- By 2020, decrease percentage of residents reporting at least 14 days of poor mental health in the past 30 days from 12.9% to 11.2%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data, 2015. Baseline and objective are state and national values from 2013)

Source data indicated that 10.0% of county residents reported at least 14 days of poor mental health in the past 30 days. This was an approximate 22% improvement and meets the objective for this performance measure. This also compares well with the state rate of 13.1% and the national rate of 11.2%.

- By 2020, decrease percentage of adults aged 18 and older who self-reported insufficient social and emotional support all or most of the time from 13.80% to 7.0% as reported by the Community Health Needs Assessment Report by the Institute for People, Place and Possibility (June 12, 2014). This is relevant because social and emotional support is critical for navigating the challenges of daily life and for good mental health.

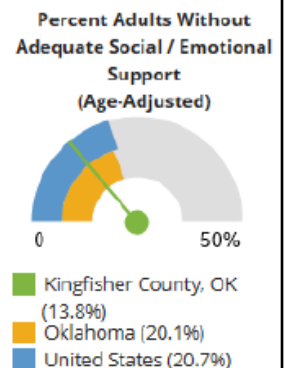
Source data reported no change in this indicator. It could not be determined whether the source data had not been updated or if it truly represented no change in the indicator.

Lack of Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

[Download Data](#)

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	11,011	1,564	14.2%	13.8%
Oklahoma	2,793,624	561,518	20.1%	20.1%
United States	232,556,016	48,104,656	20.7%	20.7%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

Cardiovascular Health

Objectives:

- By 2020, decrease rate of heart disease mortality from 257.6 per 100,000 to 179.1. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

According to source data from OK2SHARE, heart disease mortality was 217.7 per 100,000. This represents an approximate 14% improvement for this indicator.



- By 2020, decrease rate of cerebrovascular disease (stroke) mortality from 43.7 per 100,000 to 28.0. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

According to source data from OK2SHARE, stroke mortality was 43.1 per 100,000. This represents an approximate 1% improvement, remaining essentially the same as last year's report.



Obesity

Objectives:

- **By 2020, decrease adult obesity rate from 32.3% to 27%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

According to source data provided by the OSDH Office of Community Epidemiology and Evaluation, the adult obesity rate was 29.4%. This was an approximate 9% improvement.

- **By 2020, decrease rate of reported minimal fruit consumption (<1/day) from 50.4% to 37.7%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

According to source data provided by the OSDH Office of Community Epidemiology and Evaluation, the rate of reported minimal fruit consumption was 49.2%. This was an approximate 2% improvement.

- **By 2020, decrease rate of reported minimal vegetable consumption (<1/day) from 26.2% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

According to source data provided by the OSDH Office of Community Epidemiology and Evaluation, the rate of reported minimal vegetable consumption was 28.8%. This was an approximate 10% increase in the number of residents who were eating less than one serving of vegetables a day.

- **By 2020, decrease rate of diabetes prevalence from 11.2% to 8%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

According to source data provided by the OSDH Office of Community Epidemiology and Evaluation, the rate of diabetes prevalence was 10.3%. This was an approximate 8% improvement.

- **By 2020, decrease rate of reported "no physical activity" from 28.8% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

According to source data provided by the OSDH Office of Community Epidemiology and Evaluation, the rate of reported "no physical activity" was 30.4%. This was an approximate 6% increase in the number of residents who were not participating in any physical activity.

Teen Pregnancy

Objectives:

- By 2020, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

According to source data obtained from OK2SHARE, the teen fertility rate was 8.8 per 1,000. This is a dramatic improvement. However, it conforms to a statewide trend in teen fertility. This meets and exceeds the performance objective for this measure.

Detailed Birth Statistics

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2013 to 2015
Mother's Age	15-17 years

9 records matched the search criteria.

Characteristics Selected for Records Search

Live Births	Population	Birth Rate	Specific Female Pop	Specific Rates
9	2,066	4.4	1,024	8.8

Calculations may have been suppressed due to small cell size (less than 5 births)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2013 to 2015, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 06AUG2020-09:17:54.

- **By 2020, increase rate of first trimester prenatal care from 76.4% to 80%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics, 2013-2015) Kingfisher County ranked among the top 10 (best) for mothers seeking first trimester care.**

According to source data obtained from OK2SHARE, the rate of first trimester prenatal care was 66%. This represents an approximate 14% decrease in first trimester prenatal care.

- **Through 2020, approach each school system annually and offer to provide abstinence/safe sex education presentations using evidence based curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. Between the Health Educators (Heather Ward, Tyler Harl, and Justin Fortney) and a health department contracted school nurse (Roberta Seaton), all six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2020, approach school system parent-teacher organizations annually and offer to provide an overview of the abstinence/safer sex education presentations using evidence based curricula. Additional concepts to cover may include, but not be limited to: talking to youth about pregnancy prevention and safer sex; resources available to youth for pregnancy prevention; importance of parental involvement in the lives of their youth; etc.**

According to state law (70 O.S. 11-105.1), "All curriculum . . . which will be used to teach . . . a sex education class . . . shall be available . . . for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

In Addition

The County Health Rankings & Roadmaps ranked Kingfisher County as the best in Health Outcomes out of the state's 77 counties. Kingfisher County has maintained this number one ranking since 2013. In addition, Kingfisher County ranked in the following categories:

Length of Life - 6th

Quality of Life - 3rd

Health Factors - 2nd

Health Behaviors - 2nd

Clinical Care - 33rd

Social & Economic Factors - 1st

Physical Environment - 48th

KCC participated in Mercy Hospital Kingfisher County's community health needs assessment. The general goal was to gather community input and local health data to assess access to health care. Community partners identified top health needs and developed strategies to address these needs. The final report can be viewed at:

<http://www.healthsciences.okstate.edu/ruralhealth/documents/chna/mercyhospkingfisher16.pdf>.

Summary

Alcohol, Tobacco, and Other Drugs



Source data demonstrated improvement in two of the strategic issue's objectives; adult binge drinking and adult smoking prevalence. There was no updated source data for high school sophomores obtaining prescription drugs from family. While available source data demonstrated progress on this strategic issue, secondary data demonstrated that there is still much work to be done.

Behavioral Health



The performance objective for the mental health days measure was met.

Cardiovascular Health



Source data demonstrated a reduction in cardiovascular disease mortality, but an increase in stroke mortality. The total mortality numbers of these two indicators combined showed an improvement for this strategic issue.

Obesity



Three of the five measures for this strategic issue, including the adult obesity rate, demonstrated improvement. A decrease in vegetable consumption and physical activity demonstrated that there is still work to be done.

Teen Pregnancy



The teen pregnancy rate plummeted to 8.8 per 1,000 live births. This by far exceeded the performance objective for this measure. Though this appears extreme, it conforms to a decrease in teen pregnancy rates across the state. It should be noted that, in preparation for the 2017 State of the State's Health Report, it appears OSDH will use a five-year data range rather than the three-year data range reflected in the source data.

The rate of first trimester care continues to decline. However, key indicators such as infant mortality rate continue to improve at the same time. There has been discussion about which indicators best predict infant mortality. KCC may want to consider replacing rate of first trimester care with rate of full term pregnancies.

The success that health department personnel have had in presenting sex education curricula to all school systems has likely contributed to the decrease in the county's teen pregnancy rate.

Second Annual Report

Issue One

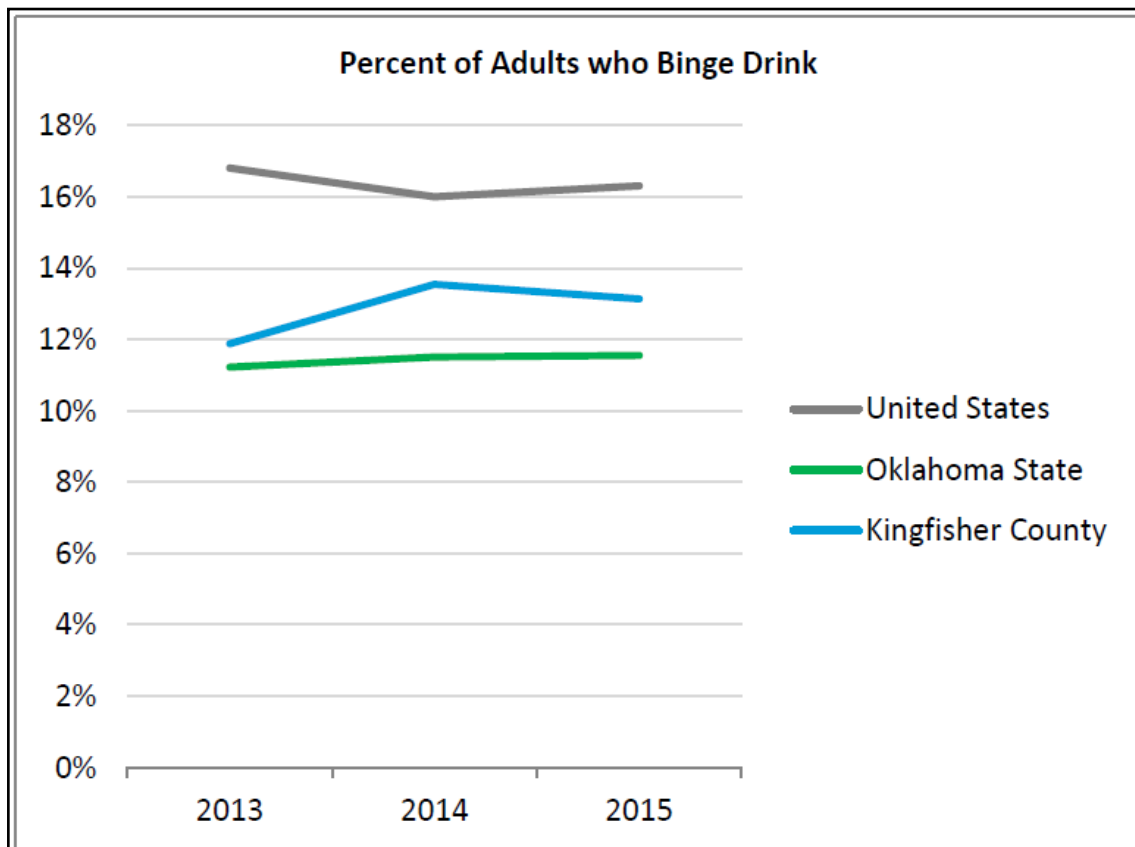
Alcohol, Tobacco, and Other Drugs

Objectives:

- **By 2020, decrease percentage of adults reporting binge or heavy drinking from 19% to 14%. (As reported by the County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation)**

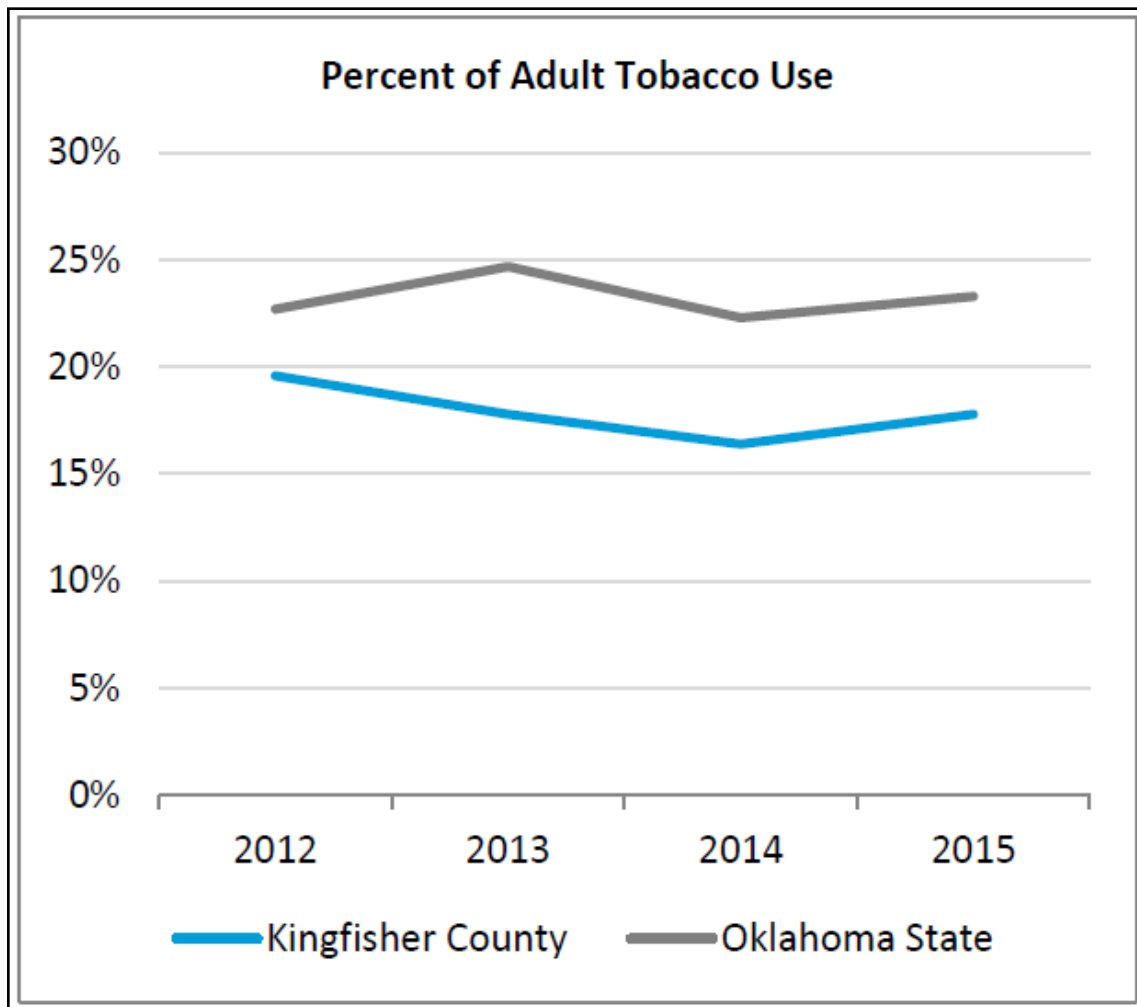
The percentage of adults reporting binge or heavy drinking was 14%, an improvement from last year's 15% and the fulfillment of this performance objective. This compared favorably to the state rate of 14% and the Top U.S. Performers (10th/90th percentile) of 12%. This report still indicated that "Data should not be compared with prior years" due to changes in definition/methods. However, this report also dropped the designation on this indicator as an area to explore.

The latest data from the Oklahoma State Department of Health show the percentage of adults reporting binge drinking was 13.1%.



- By 2020, decrease rate of current smoking prevalence from 19.6% to 14%. (As reported by the Oklahoma State Department of Health) Kingfisher County ranked among the top 10 (best) for adult smoking rate.

The latest data shows a rate of adult smokers of 17.8%, the same as reported last year.



- By 2020, decrease rate of high school sophomores who obtain prescription drugs from family/relatives from 25.0% to 15.0%. (As reported by the Oklahoma Data Query System)

At the time of this report, updated source data was not available.

Behavioral Health

Objectives:

- **By 2020, decrease percentage of residents reporting at least 14 days of poor mental health in the past 30 days from 12.9% to 11.2%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data, 2015. Baseline and objective are state and national values from 2013)**

13.6% of county residents reported at least 14 days of poor mental health in the past 30 days. This was a 36% increase for this measure and no longer meets the performance objective. In comparison, the state rate was 14.3% and the national rate was 11.7%.

- **By 2020, decrease percentage of adults aged 18 and older who self-reported insufficient social and emotional support all or most of the time from 13.80% to 7.0% as reported by the Community Health Needs Assessment Report by the Institute for People, Place and Possibility (June 12, 2014). This is relevant because social and emotional support is critical for navigating the challenges of daily life and for good mental health.**

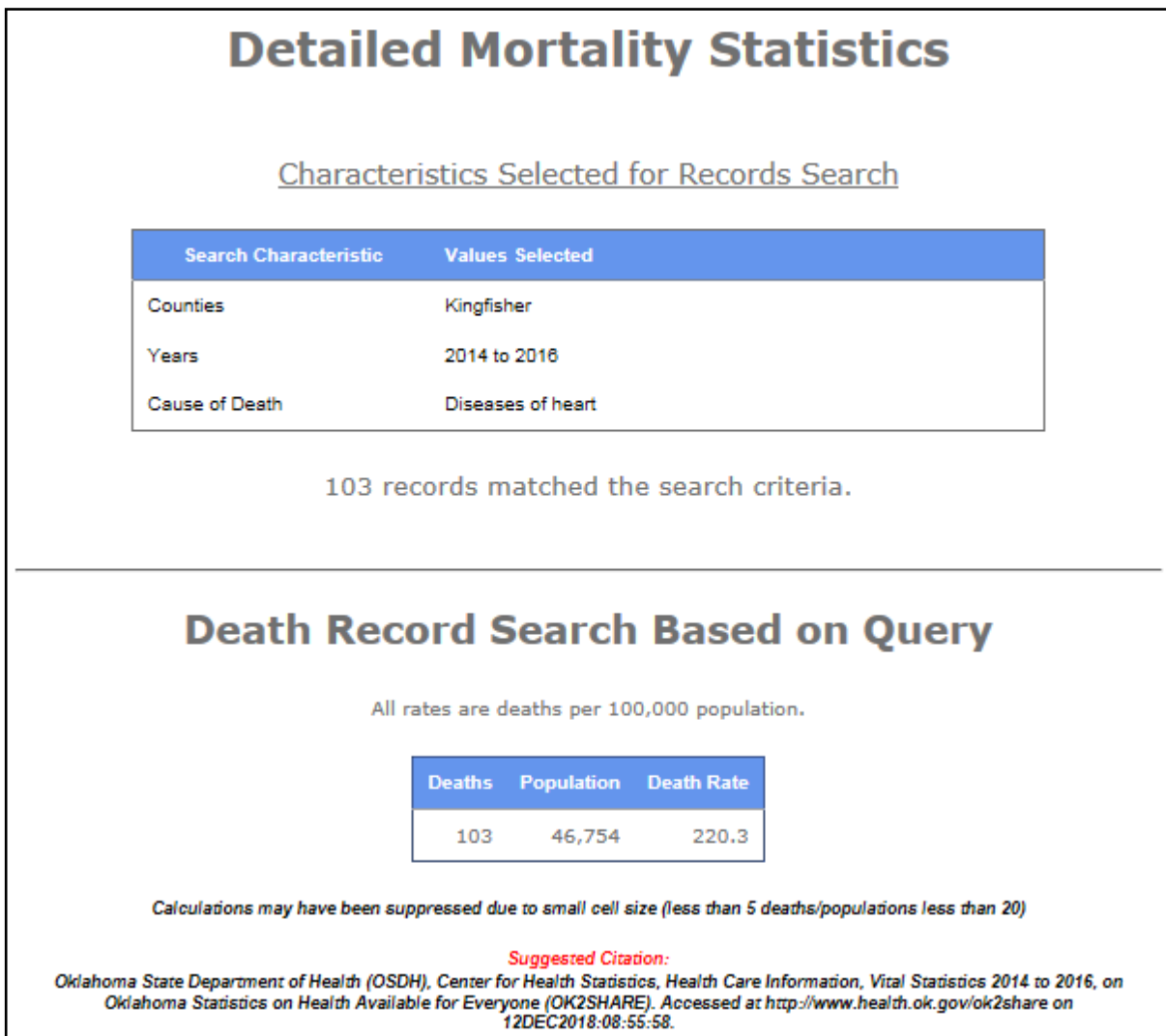
As of February 7, 2018, the Community Health Needs Assessment Report still shows this indicator as being 13.80%. Report notes and data source references suggest that this indicator has not been updated since the initial data was referenced in 2014.

Cardiovascular Health

Objectives:

- By 2020, decrease rate of heart disease mortality from 257.6 per 100,000 to 179.1. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Heart disease mortality was 220.3 per 100,000. This is essentially the same as reported in the First Annual Report.



- By 2020, decrease rate of cerebrovascular disease (stroke) mortality from 43.7 per 100,000 to 28.0. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Stroke mortality was 40.6 per 100,000. This represents an approximate 6% improvement.



Obesity

Objectives:

- **By 2020, decrease adult obesity rate from 32.3% to 27%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The adult obesity rate was 30.8%. This was a 5% increase.

- **By 2020, decrease rate of reported minimal fruit consumption (<1/day) from 50.4% to 37.7%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, comparable source data from the Oklahoma State Department of Health was not available. The data provided reported the percentage of residents who reported consuming two or more daily servings of fruit. This is a different parameter than the one used for the 2014 State of the State's Health Report which was the source for this performance objective. The rate of residents who reported consuming two or more daily servings of fruit was 49.2%.

- **By 2020, decrease rate of reported minimal vegetable consumption (<1/day) from 26.2% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, comparable source data from the Oklahoma State Department of Health was not available. The data provided reported the percentage of residents who reported consuming three daily servings of vegetables. This is a different parameter than the one used for the 2014 State of the State's Health Report which was the source for this performance objective. The rate of residents who reported consuming three daily servings of vegetables was 29.1%.

- **By 2020, decrease rate of diabetes prevalence from 11.2% to 8%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

Diabetes prevalence was 10.3%. This was an approximate 8% improvement.

- **By 2020, decrease rate of reported "no physical activity" from 28.8% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate of reported "no physical activity" was 30.4%. This was the same rate reported in the First Annual Report.

Teen Pregnancy

Objectives:

- By 2020, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

According to source data obtained from the Oklahoma State Department of Health, the teen fertility rate was 13.5 per 1,000 births. However, this rate was derived from a five-year data range (2011-2015). The original data used to develop this performance objective was derived from a three-year data range. According to data obtained from OK2SHARE using the original parameters, the teen fertility rate was 10.7 per 1,000 births. This was an increase from last year's rate of 8.8 but still well below the performance objective for this measure.

Detailed Birth Statistics

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2014 to 2016
Mother's Age	15-17 years

11 records matched the search criteria.

Characteristics Selected for Records Search

Live Births	Population	Birth Rate	Specific Female Pop	Specific Rates
11	2,145	5.1	1,030	10.7

Calculations may have been suppressed due to small cell size (less than 5 births)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2014 to 2016, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 06AUG2020:09:40:12.

- **By 2020, increase rate of first trimester prenatal care from 76.4% to 80%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics, 2013-2015) Kingfisher County ranked among the top 10 (best) for mothers seeking first trimester care.**

The rate of first trimester prenatal care was 62%. This represents an approximate 6% decrease.

- **Through 2020, approach each school system annually and offer to provide abstinence/safe sex education presentations using evidence based curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. Between the Health Educators (Heather Ward, Tyler Harl, and Justin Fortney) and a health department contracted school nurse (Roberta Seaton), all six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2020, approach school system parent-teacher organizations annually and offer to provide an overview of the abstinence/safer sex education presentations using evidence based curricula. Additional concepts to cover may include, but not be limited to: talking to youth about pregnancy prevention and safer sex; resources available to youth for pregnancy prevention; importance of parental involvement in the lives of their youth; etc.**

According to state law (70 O.S. 11-105.1), "All curriculum . . . which will be used to teach . . . a sex education class . . . shall be available . . . for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

In Addition

The County Health Rankings & Roadmaps again ranked Kingfisher County as the best in Health Outcomes out of the state's 77 counties. Kingfisher County has maintained this number one ranking since 2013. In addition, Kingfisher County ranked in the following categories:

Length of Life - 4th

Quality of Life - 1st

Health Factors - 3rd

Health Behaviors - 3rd

Clinical Care - 19th

Social & Economic Factors - 1st

Physical Environment - 41st

Summary

Alcohol, Tobacco, and Other Drugs



The performance objective for adult binge drinking was accomplished. Current smoking prevalence was unchanged, perhaps indicating a lack of current data. Data for high school sophomores obtaining prescription drugs from family was unavailable. The binge drinking result is solid evidence of improvement for this strategic issue. However, lack of data for the other performance objectives make it difficult to evaluate this strategic issue reliably.

Behavioral Health



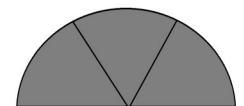
The percentage of residents reporting poor mental health days increased significantly.

Cardiovascular Health



Heart disease mortality remained steady, stroke mortality improved.

Obesity



Data was either outdated or, in the case of fruit and vegetable consumption, reported in a different way than previously. Therefore, we cannot make a reliable and valid assessment of our progress.

Teen Pregnancy



The teen pregnancy bumped up from last year but remained substantially below the performance objective. This reinforces the validity of this metric which is important given the dramatic improvement demonstrated. The rate of first trimester care also improved significantly from last year. This success is likely due, at least in part, to the efforts of health educators providing sex education to all of the school systems in the county and to Children First nurses providing guidance to new mothers and promoting prenatal care for healthy pregnancies.

IN ADDITION

Most of the gaps in source data come from the Oklahoma State Department of Health (OSDH). 2017 was the year OSDH was to issue its latest State of the State's Health Report. However, it was made public in September that OSDH was in financial crisis due to gross mismanagement by agency leadership. Consequences included the absence of the State of the State's Health Report and, thus, the performance data. Worse still, some of our partners within Kingfisher County Health Department were terminated as part of a "reduction in force" (RIF) enacted by OSDH. These people were dear to us. We thank them for their partnership and wish them all the best as they move forward. Please, don't be strangers! Dusti Brodrick, Krista McNair, Justin Fortney, and Tyler Harl.

Third Annual Report

Issue One

Alcohol, Tobacco, and Other Drugs

Objectives:

- **By 2020, decrease percentage of adults reporting binge or heavy drinking from 19% to 14%. (As reported by the County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation)**

The percentage of adults reporting binge or heavy drinking was 15%, a slip from last year's 14%. The report identified this indicator as an area to explore.

- **By 2020, decrease rate of current smoking prevalence from 19.6% to 14%. (As reported by the Oklahoma State Department of Health) Kingfisher County ranked among the top 10 (best) for adult smoking rate.**

The rate of adult smokers was 18.4%. This was a 3% increase.

- **By 2020, decrease rate of high school sophomores who obtain prescription drugs from family/relatives from 25.0% to 15.0%. (As reported by the Oklahoma Data Query System)**

At the time of this report, updated source data was not available for the second consecutive year.

The 2016 Oklahoma Prevention Needs Assessment Survey for Kingfisher County, published by the Oklahoma Department of Mental Health and Substance Abuse Services, reported a metric for obtaining prescription drugs from family/relatives for the purpose of getting high. However, it indicated that it had no county data for high school sophomores for 2016.

Behavioral Health

Objectives:

- **By 2020, decrease percentage of residents reporting at least 14 days of poor mental health in the past 30 days from 12.9% to 11.2%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data, 2015. Baseline and objective are state and national values from 2013)**

13.0% of county residents reported at least 14 days of poor mental health in the past 30 days. This was a 4% improvement for this measure. In comparison, the state rate was 15.6% and the national rate was 12.01%.

- **By 2020, decrease percentage of adults aged 18 and older who self-reported insufficient social and emotional support all or most of the time from 13.80% to 7.0% as reported by the Community Health Needs Assessment Report by the Institute for People, Place and Possibility (June 12, 2014). This is relevant because social and emotional support is critical for navigating the challenges of daily life and for good mental health.**

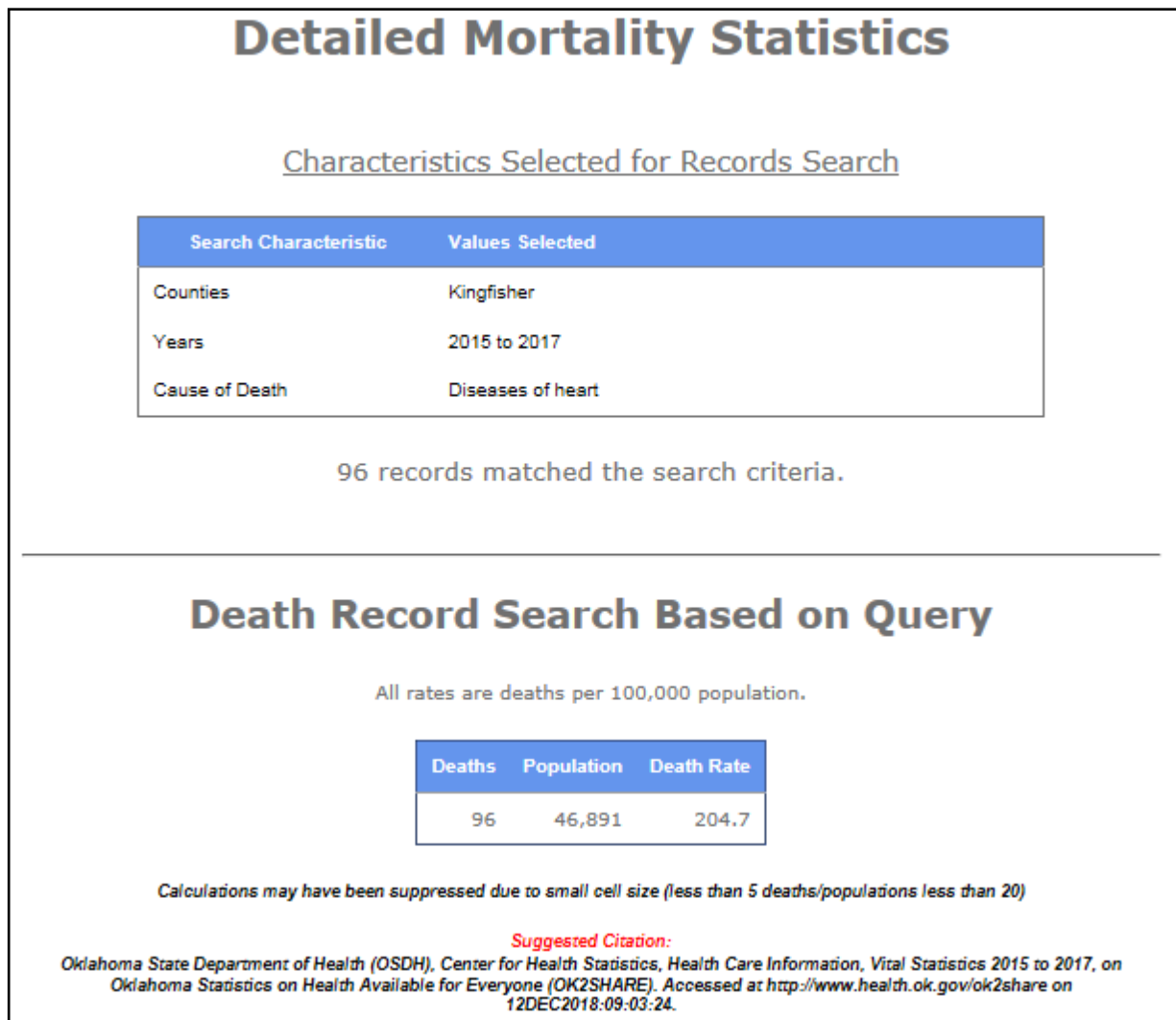
As of December 10, 2018, the Community Health Needs Assessment Report still shows this indicator as being 13.80%. It still appears that this indicator has not been updated since the initial data was referenced in 2014.

Cardiovascular Health

Objectives:

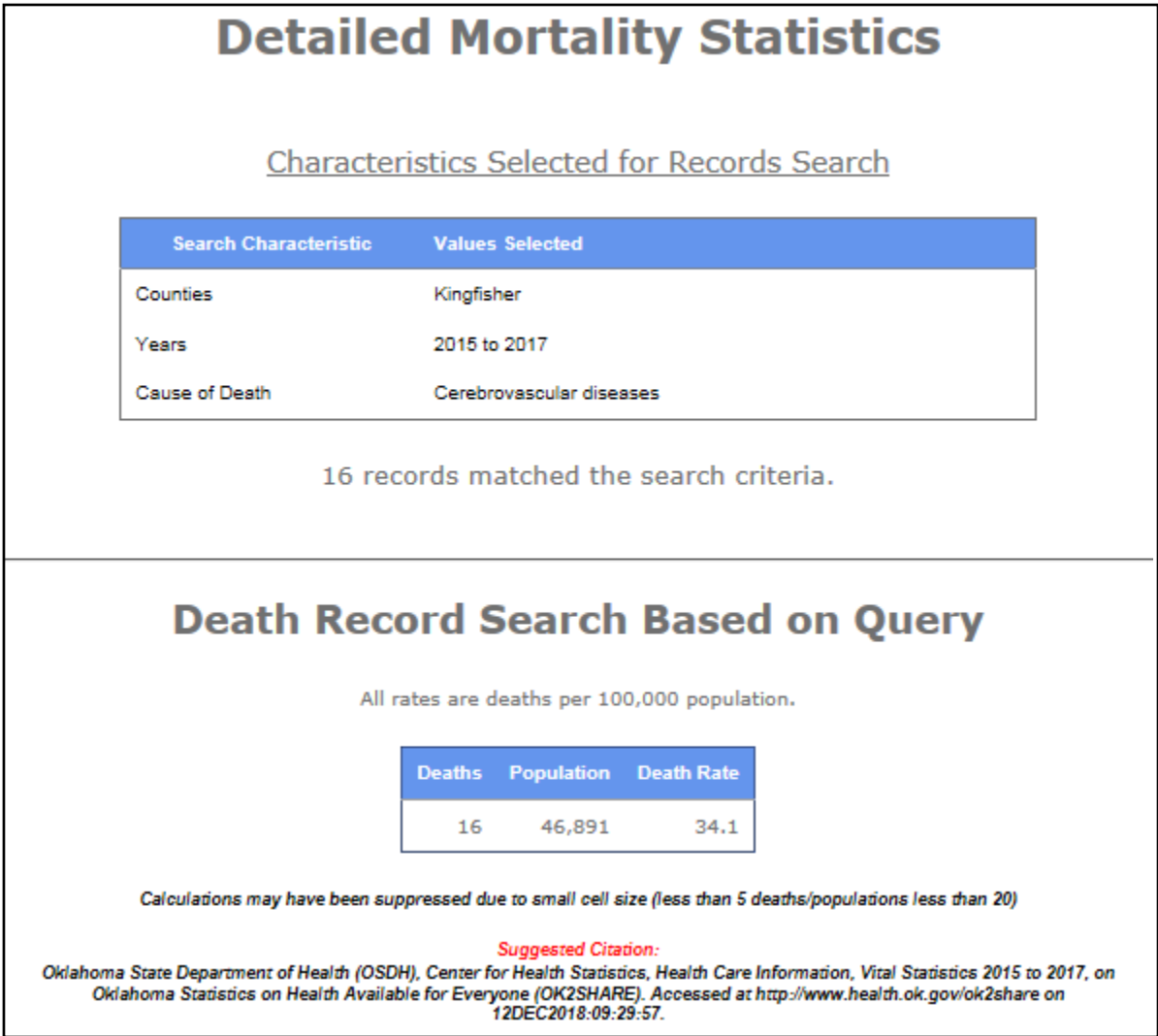
- By 2020, decrease rate of heart disease mortality from 257.6 per 100,000 to 179.1. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Heart disease mortality was 204.7 per 100,000. This was a 7% improvement.



- By 2020, decrease rate of cerebrovascular disease (stroke) mortality from 43.7 per 100,000 to 28.0. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Stroke mortality was 34.1 per 100,000. This represents an approximate 16% improvement and is nearing the performance objective for this measure.



Obesity

Objectives:

- **By 2020, decrease adult obesity rate from 32.3% to 27%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The adult obesity rate was 38.0%. This was a 23% increase.

- **By 2020, decrease rate of reported minimal fruit consumption (<1/day) from 50.4% to 37.7%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate of reported minimal fruit consumption was 47.3%. This was a 6% improvement.

- **By 2020, decrease rate of reported minimal vegetable consumption (<1/day) from 26.2% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

The rate of reported minimal vegetable consumption was 21.3%. This meets the performance objective for this measure.

- **By 2020, decrease rate of diabetes prevalence from 11.2% to 8%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

Diabetes prevalence was 13.6%. This was a 32% increase.

- **By 2020, decrease rate of reported "no physical activity" from 28.8% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

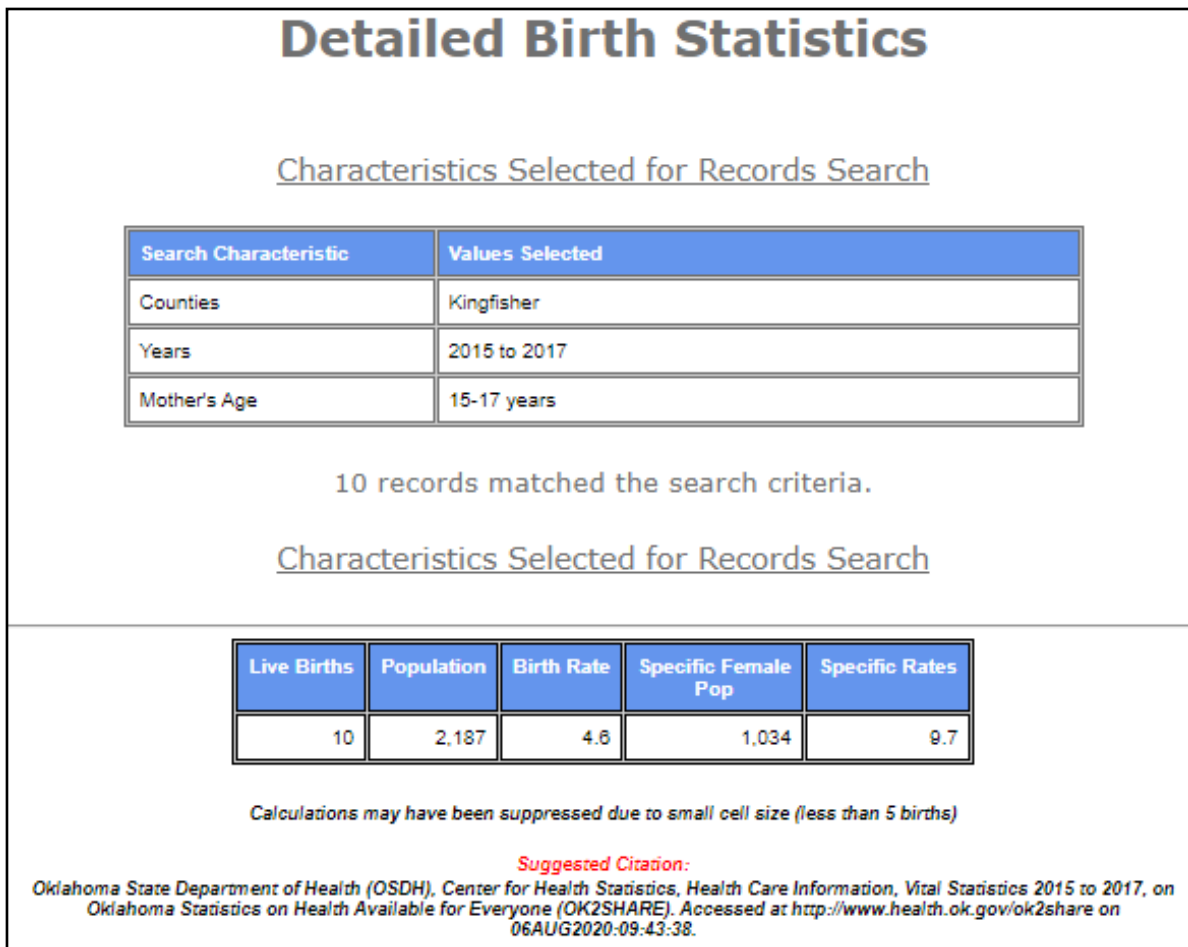
The rate of reported "no physical activity" was 26.4%. This was a 13% improvement.

Teen Pregnancy

Objectives:

- By 2020, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Teen fertility rate was 9.7 per 1,000 births. This was an improvement from last year's rate of 10.7 and continues to exceed the performance objective for this measure.



- **By 2020, increase rate of first trimester prenatal care from 76.4% to 80%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics, 2013-2015) Kingfisher County ranked among the top 10 (best) for mothers seeking first trimester care.**

The rate of first trimester prenatal care was 63%. This was essentially the same as the rate reported in the previous annual report.

- **Through 2020, approach each school system annually and offer to provide abstinence/safe sex education presentations using evidence based curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. Between health educators and school nurse personnel, all six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2020, approach school system parent-teacher organizations annually and offer to provide an overview of the abstinence/safer sex education presentations using evidence based curricula. Additional concepts to cover may include, but not be limited to: talking to youth about pregnancy prevention and safer sex; resources available to youth for pregnancy prevention; importance of parental involvement in the lives of their youth; etc.**

According to state law (70 O.S. 11-105.1), "All curriculum . . . which will be used to teach . . . a sex education class . . . shall be available . . . for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

In Addition

The County Health Rankings & Roadmaps again ranked Kingfisher County as the best in Health Outcomes out of the state's 77 counties. Kingfisher County has maintained this number one ranking since 2013. In addition, Kingfisher County ranked in the following categories:

Length of Life - 5th

Quality of Life - 1st

Health Factors - 2nd

Health Behaviors - 4th

Clinical Care - 15th

Social & Economic Factors - 1st

Physical Environment - 46th

Summary

Alcohol, Tobacco, and Other Drugs

Adult rates of heavy drinking and smoking increased. New data was not available for assessing youth access to prescription drugs.



Behavioral Health

The rate for poor mental health days improved somewhat. The source metric for social and emotional reporting has still not been updated.



Cardiovascular Health

Mortality rates for heart disease and stroke improved. The rate for stroke mortality is near the measure's performance objective.



Obesity

Data suggests that residents are doing a better job of eating their fruits and vegetables and are being more active. However, rates of adult obesity and diabetes are still increasing.



Teen Pregnancy

The teen fertility rate demonstrated dramatic improvement once again. Though numbers for first trimester care seem to indicate a challenge, the low rate of teen fertility is very encouraging. Again, this success is likely due in part to health education efforts provided to all school systems in the county.



Fourth Annual Report

Issue One

Alcohol, Tobacco, and Other Drugs

Objectives:

- **By 2020, decrease percentage of adults reporting binge or heavy drinking from 19% to 14%. (As reported by the County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation)**

The percentage of adults reporting binge or heavy drinking remained at 15%. The report continued to identify this indicator as an area to explore. To be clear, this was the latest reported rate for this metric and does not demonstrate a lack of new data.

- **By 2020, decrease rate of current smoking prevalence from 19.6% to 14%. (As reported by the Oklahoma State Department of Health) Kingfisher County ranked among the top 10 (best) for adult smoking rate.**

The rate of adult smokers was 20.0%. This was a 9% increase and continues a worsening trend for the third consecutive year. By comparison, the state rate is 20.1% and the national rate is 17.08%.

- **By 2020, decrease rate of high school sophomores who obtain prescription drugs from family/relatives from 25.0% to 15.0%. (As reported by the Oklahoma Data Query System)**

At the time of this report, updated source data was not available for the third consecutive year.

Behavioral Health

Objectives:

- By 2020, decrease percentage of residents reporting at least 14 days of poor mental health in the past 30 days from 12.9% to 11.2%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data, 2015. Baseline and objective are state and national values from 2013)

At the time of this report, updated source data was not available.

- By 2020, decrease percentage of adults aged 18 and older who self-reported insufficient social and emotional support all or most of the time from 13.80% to 7.0% as reported by the Community Health Needs Assessment Report by the Institute for People, Place and Possibility (June 12, 2014). This is relevant because social and emotional support is critical for navigating the challenges of daily life and for good mental health.

As of December 4, 2019, this metric still indicates a rate of 13.8%. The graphic below is taken from the report. It indicates a data range of 2006-2012 as highlighted in yellow. It appears this metric has not been updated since it was originally reported for this CHIP.

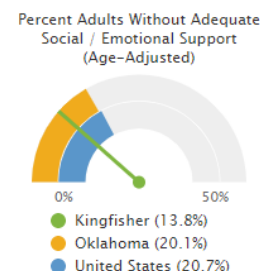
Lack of Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	11,011	1,564	14.2%	13.8%
Oklahoma	2,793,624	561,518	20.1%	20.1%
United States	232,556,016	48,104,656	20.7%	20.7%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County → [Show more details](#)

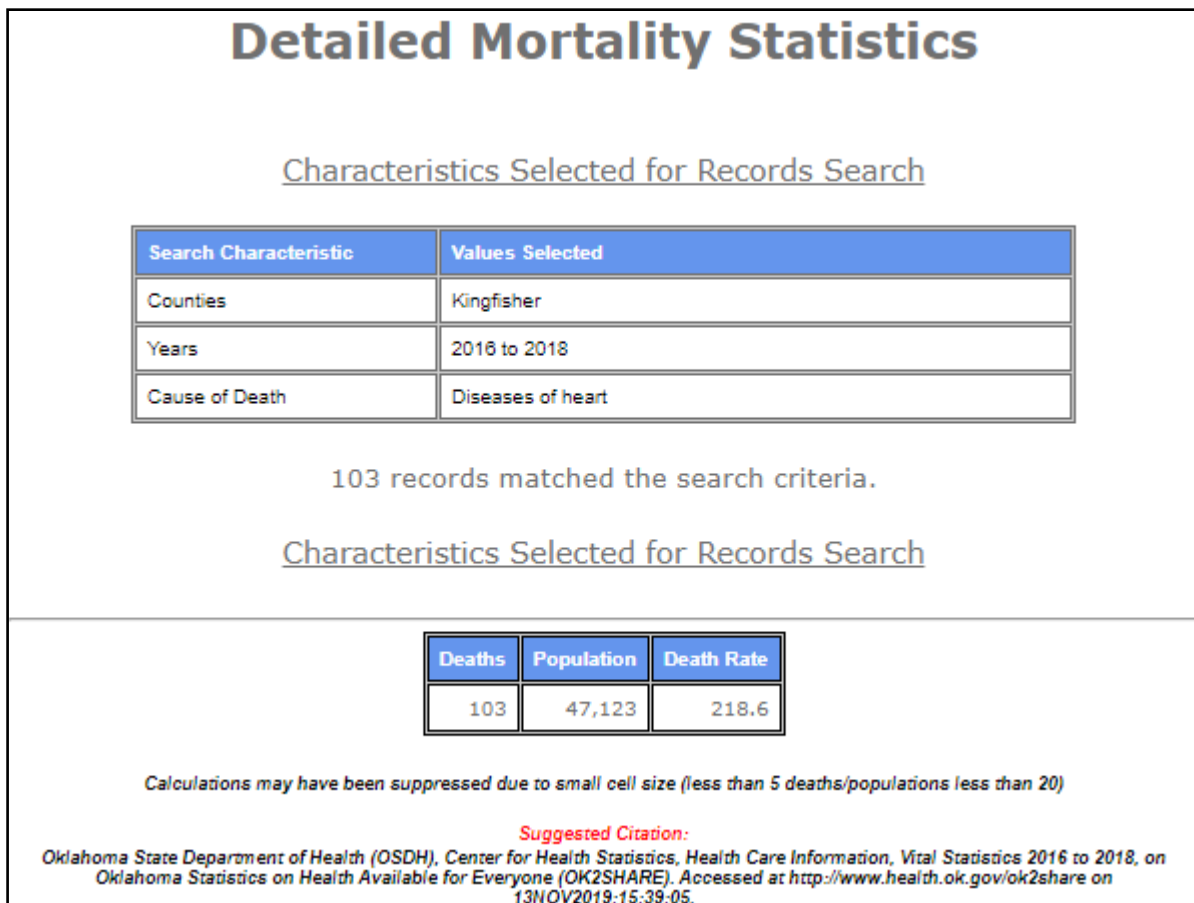


Cardiovascular Health

Objectives:

- By 2020, decrease rate of heart disease mortality from 257.6 per 100,000 to 179.1. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Heart disease mortality was 218.6 per 100,000. This was a 7% increase.



- By 2020, decrease rate of cerebrovascular disease (stroke) mortality from 43.7 per 100,000 to 28.0. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Stroke mortality was 40.3 per 100,000. This represents an approximate 18% increase.

Detailed Mortality Statistics

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2016 to 2018
Cause of Death	Cerebrovascular diseases

19 records matched the search criteria.

Characteristics Selected for Records Search

Deaths	Population	Death Rate
19	47,123	40.3

Calculations may have been suppressed due to small cell size (less than 5 deaths/populations less than 20)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2016 to 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 13NOV2019:15:43:50.

Obesity

Objectives:

- **By 2020, decrease adult obesity rate from 32.3% to 27%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, updated source data was not available.

- **By 2020, decrease rate of reported minimal fruit consumption (<1/day) from 50.4% to 37.7%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, updated source data was not available.

- **By 2020, decrease rate of reported minimal vegetable consumption (<1/day) from 26.2% to 22.6%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

At the time of this report, updated source data was not available.

- **By 2020, decrease rate of diabetes prevalence from 11.2% to 8%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

Diabetes prevalence was 15.2%. This was a 12% increase.

- **By 2020, decrease rate of reported “no physical activity” from 28.8% to 22.9%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)**

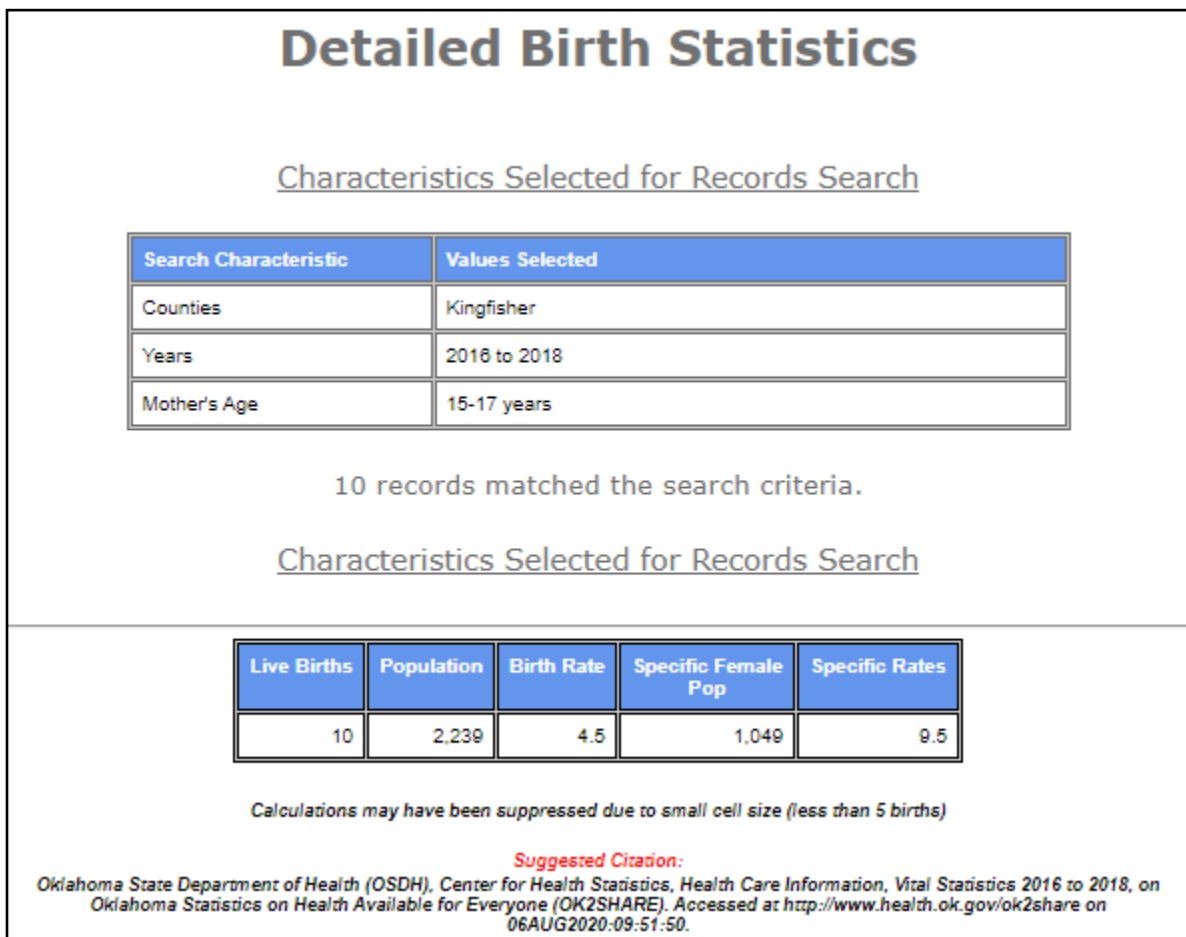
The rate of reported “no physical activity” was 38.0%. This was a 28% increase.

Teen Pregnancy

Objectives:

- By 2020, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Teen fertility rate was 9.5 per 1,000 births. This was essentially the same as last year's rate of 9.7 and continues to exceed the performance objective for this measure.



- **By 2020, increase rate of first trimester prenatal care from 76.4% to 80%. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics, 2013-2015) Kingfisher County ranked among the top 10 (best) for mothers seeking first trimester care.**

The rate of first trimester prenatal care was 66.6%. This was a slight improvement but still below the national rate of 77.29%.

- **Through 2020, approach each school system annually and offer to provide abstinence/safe sex education presentations using evidence based curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. All six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2020, approach school system parent-teacher organizations annually and offer to provide an overview of the abstinence/safer sex education presentations using evidence based curricula. Additional concepts to cover may include, but not be limited to: talking to youth about pregnancy prevention and safer sex; resources available to youth for pregnancy prevention; importance of parental involvement in the lives of their youth; etc.**

According to state law (70 O.S. 11-105.1), "All curriculum . . . which will be used to teach . . . a sex education class . . . shall be available . . . for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

In Addition

The County Health Rankings & Roadmaps ranked Kingfisher County as the 3rd healthiest county in Oklahoma. This is the first time since 2013 that Kingfisher County was not ranked 1st. It is likely that the increasing rates of obesity and adult smoking contributed to this change. Kingfisher County's rankings in individual categories were as follows:

Length of Life - 7th

Quality of Life - 2nd

Health Factors - 4th

Health Behaviors - 12th

Clinical Care - 12th

Social & Economic Factors - 2nd

Physical Environment - 36th

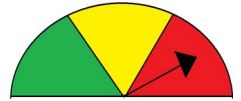
Summary

Alcohol, Tobacco, and Other Drugs



Adult rates of heavy drinking remained the same, adult rates of smoking continued to increase. New data was still not available for assessing youth access to prescription drugs.

Behavioral Health



At the time of this report, updated source data was not available. The Community Commons metric for social and emotional support has not been updated in four years.

Cardiovascular Health



Mortality rates for heart disease and stroke both increased.

Obesity



At the time of this report, updated source data was not available for obesity and fruits and vegetable consumption. Diabetes prevalence and levels of no physical activity have increased.

Teen Pregnancy



The teen fertility rate remained steady and is still below the performance objective for this measure. First trimester care improved slightly.

Supplemental One

COVID-19 Pandemic

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, the capital of China's Hubei Province. It spread globally, resulting in a coronavirus pandemic. Symptoms include fever, cough, and shortness of breath. While roughly 80% of cases report mild symptoms, some progress into severe pneumonia and multi-organ failure, potentially leading to death. Data indicates the risk of death for those contracting COVID-19 notably increases for individuals above the age of 60 or for individuals with autoimmune conditions. On January 11, 2020, the first cases in the United States tested positive for COVID-19. The first case in Oklahoma was confirmed March 6, 2020.

On March 12th, Governor Kevin Stitt issued Executive Order 2020-06 directing all state agencies to take steps necessary to protect vulnerable populations. On March 15th, Governor Stitt issued Executive Order 2020-07 declaring a state of emergency due to the impending threat of COVID-19. The State Emergency Operations Plan was activated, and resources of all state departments and agencies available to meet the emergency were committed to protect the health and safety of the public.

A number of mitigation practices were recommended that included, but were not limited to:

- If you or any member of your family feels sick, stay home and contact your medical provider.
- If you test positive for COVID-19, keep the entire household at home and contact your medical provider.
- If you are older, or have serious underlying health conditions that can put you at increased risk, stay home and away from other people.
- Stay home if possible. Telework and/or tele-school if you can.
- Avoid social gatherings in groups of more than 10 people. Maintain social distancing of at least six feet.
- Avoid discretionary travel, shopping trips, and social visits.
- Do not visit nursing homes or retirement or long-term care facilities unless to provide critical assistance.
- Practice good hygiene and wash hands, especially after touching any frequently used item or surface, avoid touching your face, sneeze or cough into a tissue or inside your elbow, and disinfect frequently used items and surfaces as much as possible.

The COVID-19 pandemic has significantly effected day-to-day operations of every aspect of life, including the efforts of each of our Coalition partners. We cannot know how long this will last, nor can we predict the impact it will have on our organizations and their missions. At this unprecedented moment, the best we can do to promote the public's health is to individually and collectively practice the social mitigation recommendations, keep ourselves healthy, and prevent the spread of the virus until we are able to exercise some level of control.

Supplemental Two

Healthy Living Program 2.0 Grant

On May 19, 2020, the Board of Directors for the Oklahoma Tobacco Settlement and Endowment Trust (TSET) awarded nearly \$7 million to 35 organizations serving 37 counties through the TSET Healthy Living Program 2.0 program. The new grant program will begin July 1.

“The second generation of TSET Healthy Living Program takes a comprehensive, community approach to health and looks for ways for targeted high-impact interventions,” said TSET Executive Director Julie Bisbee. “This initiative builds on years of success through multiple community based programs funded by TSET. It places a laser focus on communities with the greatest need.”

The five-year grants, renewable annually, will support communities in developing strategies, programs and policies to improve health by preventing or reducing tobacco use, improving nutrition, and increasing physical activity in an effort to decrease premature death in Oklahoma. The program prioritizes work in communities where health risk factors - tobacco use, poor nutrition and sedentary lifestyle - are among the highest.

Recipients of the TSET Healthy Living Program 2.0 included Kingfisher County Health Department. The program will serve Blaine and Kingfisher Counties. Funding for the first year is \$175,000.

Supplemental Three

2020 Wellness County Profile

On July 9, 2020, the Oklahoma State Department of Health Center for Chronic Disease Prevention and Health Promotion published Wellness County Profiles on behalf of TSET. The Kingfisher Wellness County Profile contained measures reported in the CHA. Changes in the measures included:

- Smoking Prevalence increased (worsened) from 20.0% to 23.4%.
- Obesity Prevalence remained at 38.0%.

Appendix A - Version History

Version numbering is as follows:

- Initial version is 1.0
- Subsequent minor changes will increase the version number by 0.1
- Subsequent major changes will increase the version number by 1.0

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change
1.0		12/14/2015	Mikeal Murray	Release of initial document
2.0		12/16/2016	Mikeal Murray	Addition of First Annual Report
3.0		12/11/2017	Mikeal Murray	Addition of Second Annual Report
4.0		12/12/2018	Mikeal Murray	Addition of Third Annual Report
5.0		3/3/2020	Mikeal Murray	Addition of Fourth Annual Report
5.1		5/13/2020	Mikeal Murray	Supplemental One: COVID-19
5.2		5/19/2020	Mikeal Murray	Supplemental Two: Healthy Living Program 2.0 Grant
5.3		8/13/2020	Mikeal Murray	Supplemental Three: 2020 Wellness County Profile, format changes

Notes:

**Kingfisher County
Community Health
Improvement Plan
CHIP**

For more information or to get involved, contact:

Brittany Hladik, Coalition Chair

City Clerk

City of Kingfisher

bshladik@pldi.net

(405) 375-3705

kingfisher.org/government/city-administration/

Lisa Copeland, Coalition Vice-Chair

Sooner SUCCESS Kingfisher County

Lisa-Copeland@ouhsc.edu

(405) 375-6348

<http://soonersuccess.ouhsc.edu/>

Written for the Kingfisher Community Collaborative by Mikeal Murray,
Accreditation Coordinator, Kingfisher County Health Department